

# RMHS Note Form

Student: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Full Name)



1. From: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Parent/Guardian Name)

2. ☐ Is **RETURNING** to school after an **absence of** \_\_\_\_\_ date(s)  
☐ Is **ARRIVING (LATE)** at **Arrival Time:** \_\_\_\_\_ AM/PM  
☐ Is **LEAVING (EARLY)** at **Release Time:** \_\_\_\_\_ AM/PM

\* **STUDENT needs to PICK UP PINK OFF-CAMPUS PASS, BEFORE they leave.**

\*\* Passes available for pick up during Nutrition/Lunch.

\*\*\* **For APPOINTMENTS, ask your medical office for a school note and turn it in upon your return.**

3. **Due to:**

☐ Medical Appt. ☐ Dental Appt. ☐ Illness ☐ Other (specify reason below):  
\_\_\_\_\_

4. Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

# RMHS Note Form

Student: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Full Name)



1. From: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Parent/Guardian Name)

2. ☐ Is **RETURNING** to school after an **absence of** \_\_\_\_\_ date(s)  
☐ Is **ARRIVING (LATE)** at **Arrival Time:** \_\_\_\_\_ AM/PM  
☐ Is **LEAVING (EARLY)** at **Release Time:** \_\_\_\_\_ AM/PM

\* **STUDENT needs to PICK UP PINK OFF-CAMPUS PASS, BEFORE they leave.**

\*\* Passes available for pick up during Nutrition/Lunch.

\*\*\* **For APPOINTMENTS, ask your medical office for a school note and turn it in upon your return.**

3. **Due to:**

☐ Medical Appt. ☐ Dental Appt. ☐ Illness ☐ Other (specify reason below):  
\_\_\_\_\_

4. Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)