

Hill View Elementary

Today's Date: _____



Student's Name: _____
(First) (Last)

Homeroom Teacher: _____

Please check appropriate box below and provide requested information.

☐	Will be picked up early from school today at _____ by _____ for _____ (time) (first and last name of person picking up) (reason) ☐ Will be returning to school ☐ Will not be returning to school
☐	Today's dismissal plan is: ___ Bus ___ Car Rider ___ Walker ___ Kids Club ___ Other: _____
☐	Was absent from school on _____ because (date) _____
☐	Was tardy/late to school on _____ because (date) _____
☐	Other communication: _____

Anyone picking up a student before the end of the school day **must** present a valid ID.

All appointments should be documented with a note from the physician's office. Please attach physician note(s) if applicable.

Parent/Guardian Signature: _____

Hill View Elementary

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(First) (Last)

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