Clearspring Elementary School	Clearspring Elementary School
То:	То:
From:	From:
Date:	Date:
Student's Name:	Student's Name:
Teacher's Name:	Teacher's Name:
(Check appropriate box)	(Check appropriate box)
Will be picked up today for early dismissal at by	Will be picked up today for early dismissal at by
Will be going home today with	Will be going home today with
Bus #	Bus #
Car	Car
Walker	Walker
by	by
Was absent from school on:	Was absent from school on:
Because:	Because:
Will be absent from school on	Will be absent from school on
Because:	Because:
Absences 3 days or more requires a doctor's note. Please attach.	Absences 3 days or more requir a doctor's note. Please attach.

Parent/Guardian Signature

Parent/Guardian Signature