

Rippleside Elementary School

A Note to:

Phone 218.927.4838

Fax 218.927.4608

Today's Date: _____

Student Name(s): _____

First & Last

Teacher & Grade : _____

From: _____

Parent/Guardian Signature

Is Late due to: _____

Will be Picked up Early: (Must be signed out in the office)

Day(s) & Time: _____

By Whom: _____

Specific Reason: _____

(Must List – Unexcused if no Reason Given)

After School Pickup:

Day(s) & Date(s): _____

Reason: _____

(Must List – Unexcused if no Reason Given)

Will be Late or will be Absent (Circle One)

Day(s) & Date(s): _____

Reason: _____

(Must List – Unexcused if no Reason Given)

Other: _____

Phone Call Time: _____ Staff Initials: _____

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