## Rippleside **Ele**mentary School

Fax 218.927.4608

A Note to:

Phone 218.927.4838

Today's Date: \_\_\_\_\_ Student Name(s): \_\_\_\_\_\_ 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): \_\_\_\_\_ Will be Late or will be Absent (Circle One) Day(s) & Date(s): (Must List - Unexcused if no Reason Given) Other: \_\_\_\_\_ Phone Call Time: Staff Initials:

## Rippleside Elementary School

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Today's Date:	
Student Name(s): Teacher & Grade :	First & Last
	t/Guardian Signature
Parent	t/Guardian Signature
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Day(s) & Date(s):	
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Will be Late or will be A	bsent (Circle One)
Day(s) & Date(s):	
Reason:	List – Unexcused if no Reason Given)
Other:	•
Phone Call Time:	Staff Initials: