

Note to School

Peters Township School District

Please circle school: BH PV MC MS HS

PLEASE PRINT ALL INFORMATION CLEARLY.

Student's Name: _____

Teacher's Name: _____
(BH PV MC)

Parent/Guardian Information

Name: _____

Signature: _____

Date: _____ Phone: _____

Absent on the following dates: _____

Reason: _____

Tardy on the following date: _____

Reason: _____

Early Dismissal:
will be picked up by _____
(list adult name that will pick up)

at _____ AM/PM Reason: _____

will return to school today yes no

will be a car rider with: _____

other: _____



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