



NOTE TO SCHOOL

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

Please check appropriate box:

Is late to school due to \_\_\_\_\_

Request an early dismissal and will be picked up by \_\_\_\_\_

at \_\_\_\_\_ a.m./p.m. due to \_\_\_\_\_

*Early dismissal notes should be taken to the Guidance Office before 1<sup>st</sup> period.*

Is returning to school after an absence of \_\_\_\_\_ day(s), due to \_\_\_\_\_

*Absence notes should be taken directly to the Guidance Office upon day of return to school.*

DATE(S) OF ABSENCE(S) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_

SHALER AREA MIDDLE SCHOOL GUIDANCE OFFICE  
412-492-1200, EXT. 2520



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