

A Note to Allen Middle School

4225 Gettysburg Road, Camp Hill, PA 17011 phone: 901-9552



PARENTS/GUARDIANS:

PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE.

Student _____ Grade _____

Parent/Guardian's Signature _____ Date _____

Check all that apply.

☐ Student is late due to: _____

☐ Student will be picked up by _____
INDIVIDUAL'S FIRST & LAST NAMES

at _____ a.m. / p.m. on _____ for the
TIME DATE

purpose of _____.

He/She will will not (circle one) return to school today.

☐ Student is returning to school after an absence.
Dates of absence: _____
Reason for absence: _____

☐ There has been a change in the following contact information. Please update the following. (Parents please write in the corrected information on all applicable lines.)

Emergency Contact: _____

Parent Employer: _____

Email Address: _____

Home Phone Number: _____

Other: _____

☐ Other: _____

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