



BIG TREE ELEMENTARY

Office 926-1740

Nurse 926-1741

Room #: _____ Date: _____

Child's name: _____

Parent/
Guardian: _____

Teacher: _____

() will be picked up at dismissal

By: _____

() will be picked up at _____ am/pm

By: _____

Reason: _____

() was absent on _____

Reason: _____

() was late on _____

Reason: _____

Signature: _____

Parent/Guardian



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