Blasdell Elementary

Office 716-926-1750 Nurse 716-926-1751

Room #: Date:	
Child's Name:	
Parent/	
Guardian:	
Teacher:	
() will be picked up at dismissal	
Ву:	
() will be picked up at AM/PM	
Ву:	
Reason:	
() was absent on	
Reason:	_
() was late on	
Reason:	
Signature:	
Parent/Guardian	

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Parent/Guardian