Hyde Park CSD

School Note:

☐ Late Arrival ☐ Early Pick Up

☐ Bus Note ☐ Absence

☐ Other:_____

Date: _____

Child's Name: _____

Teacher's Name: _____ School:_____

☐ Is late due to: _____

_____

_____

☐ Will be picked up by _____ at _____ AM/PM

☐ Will be going home with _____
on bus # _____ to _____

☐ Is returning to school after an absence (date(s): _____)
due to illness with the following symptoms:

- ○ Rash
- ○ Chicken Pox
- ○ Strep Throat
- ○ Flu-like illness
- ○ Asthma
- ○ Injury (explain)_____
- ○ Respiratory Illness
- ○ Nausea ○ Diarrhea
- ○ Fever (_____°F)
- ○ Other_____
- ○ Doctor's note attached

☐ Other: _____

_____

_____ / _____ / _____

Signature Print Name Relation to Student

May 2009