

Oak Ridge Elementary School

A Note to the Office

Student Name: _____

Date: _____ Teacher: _____

Parent/Guardian Signature: _____

Check Applicable

Is returning to school after an absence on (date/s):

Reason: _____

Is late due to: _____

Will be picked up at: _____ am - pm
By (Name of person) _____

My child will need a bus pass to go home with
_____ on bus # _____
Name of person

Other: _____

Please use this form for your convenience.
Additional forms are on our web, or in the office.

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