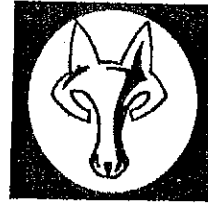


A NOTE TO SCHOOL



STUDENT: _____

(Student's first and last name...Please print clearly)

DATE: _____

(Month/Day/Year)

(check applicable box)

is late to school due to _____

requests an early dismissal and will be picked up by _____

at _____ AM/PM due to _____

is returning to school after an absence of _____ days due
to _____

*Please provide specific illness/symptoms such as: flu, nausea, headache,
etc...*

DATE(S) OF ABSENCE(S) _____

(Parent/Guardian Signature)

*(Daytime phone numbers to reach parent/guardian is required for
verification of early dismissals or if the school has questions.)*

FCAHS Attendance - 412-967-2430

THIS FORM SHOULD BE TAKEN TO THE HIGH SCHOOL OFFICE.

revised 7/06