



A Note to
Erickson School
 630-529-2223

(Please Print)

Teacher: _____

Student Name: _____

Date: _____ Grade/Rm: _____

Check Applicable:

will be picked up by _____

at _____ a.m./p.m. (circle one)

will be going home at dismissal time with:

Name: _____ Phone: _____

Address: _____

is returning to school after an absence of _____ days

due to: _____

is staying after school for _____ club
 and will/will not (circle one) take the late bus home.

other: _____

FOR OFFICE USE ONLY

Approved

Not Approved

Authorized Signature

Date

Courtesy of Erickson PTO



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