



*A Note to
Erickson School*

(630) 529-2223

(Please Print)

Teacher: _____

Student Name: _____

Date: _____ Grade/Room #: _____

Check Applicable:

will be picked up early by: _____
at _____ a.m. / p.m. (circle one)

will be going home at dismissal time with:
Name: _____
Address: _____

Phone: _____

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