

School note for: _____

ID Number: _____

To: **CAMARILLO HIGH SCHOOL**



From: _____

Student: _____

Is late due to: _____ Time: _____ AM / PM

Needs to be released at: _____ Time: _____ AM / PM

(Student must check-in to the office with a note from medical office to get a pass back to class upon their return)

Because of:

Medical Appointment _____

Dental Appointment Parent Request

Is returning to school after an absence of _____ days due to illness.

Other: _____

Signed: _____ Date: _____

Can be reached at: _____ Cell / Home / Work

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