

# CLE SCHOOL NOTE



Event Date: \_\_\_\_\_

Student \_\_\_\_\_

Teacher \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

## Full Day Absence

**Illness** (please include Dr. note for absences of 3 days or more)

**Vacation**

**Appt.** (please specify)



## TRANSPORTATION CHANGE

**Car Rider**

**Bus Rider** \_\_\_\_\_  
(BUS NUMBER/COLOR)

\_\_\_\_\_  
(GOING HOME WITH)

**Early Release** \_\_\_\_\_  
(TIME)

**Extended Day**