



A NOTE TO GATES SCHOOL

DATE: _____

TO: _____ GR. _____ RM. _____

FROM: _____
(Parent/Guardian Signature)

STUDENT NAME: _____
(First name) (Last Name)

Will be picked up at _____ am/pm
by _____

Has permission to walk to _____
(address)
on _____
(days of week)

Is/Will be late due to _____

Is returning to school after an absence of _____ days.

Will not be in school from _____ to _____
due to _____.

Other: _____



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