

School Note for: _____ **ID Number:** _____

To: CAMARILLO HIGH SCHOOL

From: _____

Date: _____

Student: _____



Is late due to: _____ **Time:** _____

Needs to be released at: _____ **A.M/P.M**

Reason:

Medical Appt. _____

Dental Appt. **Parent Request**

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

Other _____

Signed: _____

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