

CARDEROCK CUB NOTE

Date: M T W Th F _____/_____/_____

To: (Teacher's Name) _____

From: (Parent's Name) _____

Phone: _____

Student's Name: _____

Parents do NOT have to fill out this form before each after-school activity unless your child plans to miss the activity.

- will miss their after-school activity and go home their normal route.
- is late due to _____
- will be picked up by _____ at _____ am/pm.
- will be going home with _____ on _____ bus/as a walker/car rider.
- was absent on _____ due to _____
- other _____

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