



BUCKALEW BEAR
NOTE FROM HOME

Please fax to 281-298-6898

Date _____
Child's Name _____
Teacher _____ Grade _____

CHANGE IN DISMISSAL (for use in emergencies)

___ Car Rider ___ Bus Rider (bus # _____)
___ Bike Rider ___ Walker
___ YMCA or Day Care **(please notify day care provider of change in transportation)**

In case of Rain _____

APPOINTMENT
Student will be picked up at _____
Time

Name of person picking up _____
Name

___ Will NOT return to school ___ Will return to school

ABSENCE

Student was absent on _____
Reason _____
(Please attach doctor's note if necessary)

Other Special Instructions

Authorized Signature _____
Phone Number _____