



LAGO VISTA ELEMENTARY

For My Teacher _____ Grade _____

My Child _____

was sick on _____ (date)

will be a car/bus#- rider (circle one) _____ (date)

Please indicate if the above change is *Permanent* or *Temporary* (circle one)

will go home with _____ (name)/(teacher)/(date)

has an appt./will be absent _____ (date/time)

Comments - (destination address for bus): _____

Parent Signature: _____

Please turn in to your child's teacher or e-mail your teacher
firstname_lastname@lagovista.txed.net AND heidi_hull@lagovista.txed.net AND monica_kaiser@lagovista.txed.net



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