

# ORCHARD MIDDLE SCHOOL

## Parent-School Communication Slip

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Teacher \_\_\_\_\_ Team \_\_\_\_\_

Please EXCUSE at \_\_\_\_\_ a.m./p.m. for:

\_\_\_\_\_ medical appointment \_\_\_\_\_ other (explain below)

\_\_\_\_\_

The student has my PERMISSION to:

\_\_\_\_\_ go home with a friend on bus # \_\_\_\_\_

Name of friend \_\_\_\_\_

Address of destination \_\_\_\_\_

or will be parent pick up by \_\_\_\_\_ at OMS \_\_\_\_\_ at ROX \_\_\_\_\_  
(name of adult)

\_\_\_\_\_ stay after school for \_\_\_\_\_  
(activity)

\_\_\_\_\_ walk home or walk to \_\_\_\_\_  
(destination)

Explanation/Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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