

Mast Way School – Office Copy
One Day/Weekly Note from Home

Student's Full Name: _____

Teacher: _____

Parent's Name: _____
(This acts as your signature)

Circle Day: M T W Th F

Date: _____

My child has permission to:

Be picked up by _____ at
 3:10 or _____
(time)

Stay after school for: _____

Ride bus# _____ to _____

----- DO NOT CUT ----- COMPLETE BOTH SECTIONS -----

Student Copy – Please circle Day or Weekly and send in as needed.

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