

FORM 5 (PLEASE SUBMIT THIS NOTE BEFORE YOU LEAVE)

PARENTS/GUARDIANS ABSENCE -CHILD STILL ATTENDING SCHOOL

_____ WILL BE AWAY
(Parents/Guradians names)

FROM _____ TILL _____

DURING OUR ABSENCE I GIVE FULL PERMISSION FOR THE PERSON NAMED BELOW TO PHONE THE SCHOOL REGARDING ABSENCE, WRITE NOTES, ETC. FOR

(child's full name)

NAME OF PERSON CARING FOR MY CHILD _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

CELL NUMBER _____

(Person's signature who is caring for my child)

(Parent's/Guardian's signature)