

A Note to St. Gabriel School

To : _____
(teacher's name)

On _____ my child _____
(date) (student's first & last name)

Will be picked up at the office during the day at _____
(time)

For: _____
(Reason)

By: _____
(Name of parent/Guardian/Relative/other)

My child will return to school at _____
(time)

My child WILL NOT return to school

Will be picked up in the Parent Pick Up line after school:

(Name of parent/Guardian/Relative/other)

Will go to _____ after school.
(after school activity)

Other: _____

(Parent Signature)

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