

**School Note for:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**To: CAMARILLO HIGH SCHOOL**

**From:** \_\_\_\_\_

**Student:** \_\_\_\_\_



**Is late due to:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Needs to be released at:** \_\_\_\_\_ **A.M/P.M**

**Reason:**

**Medical Appt.**       \_\_\_\_\_

**Dental Appt.**       **Parent Request**

**is returning to school after an absence of** \_\_\_\_\_ **days due to illness.**

**Other** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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