

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  
 3:25 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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