



Robert R. Lazar Middle School • 123 Changebridge Road • Montville, NJ 07045 • (973) 331-7100
Michael Pasciuto, Principal John Piselli, Assistant Principal Michael C. Shera, Assistant Principal

SCHOOL NOTE - PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

Date: _____

Student Last Name: _____ **Student First Name:** _____

If another adult (NOT the named parent below) is picking up your child, enter info below:

Adult Last Name: _____ Adult First Name: _____

Adult Contact Number: _____

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Signature (required): _____

Check ALL that apply:

_____ My child will be picked up EARLY from school at _____:_____ AM/PM for _____.
_____ and will be returning to school by _____:_____ AM/PM.

_____ My child will be staying after school for _____ and will be supervised by the following teacher/administrator _____.

- _____ and will take the late bus home (which leaves school @4:10PM).
- _____ and will be picked up @4:00PM by the adult listed above.

_____ My child will be crossing over to the Montville Rec Center @3:15PM dismissal.

_____ My child is returning to school after a _____ day absence.

- _____ No doctor's note is required. He/She was/had _____.
- _____ Yes, a doctor's note is attached.

_____ Other: _____

Office Use Only:

NJ DL #: _____

exp. date: _____