

Lazar Middle School – School Note

Sharon Carr, Principal
973-331-7100 ext. 2300
123 Changebridge Road · Montville, NJ 07045

Date: _____

(PRINT ALL information – Except Signature)

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

NOTE 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):** _____

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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 will be picked up from the GYM @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: _____