

**Lazar Middle School – School Note**

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

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

**(PRINT ALL information – Except Signature)**

**Student Last Name:** \_\_\_\_\_ **Student First Name:** \_\_\_\_\_

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