



Sloan Elementary School

Phone 724-327-5456 x3002
Fax 724-733-5487

Date: ___/___/___
Student Name: _____
Teacher: _____ Grade: _____

ABSENCE/TARDINESS

Absent Tardy Arrival ___:___ am/pm

On date(s): _____
Due to: _____

PICK-UP/LEAVE EARLY

At: Dismissal School time ___:___ am/pm
Will be picked up by: _____

Due to: _____

Will leave early ___/___/___ @ ___:___ am/pm

Due to: _____

MONEY ENCLOSED

Amount: \$____.____ Cash Check
For: Lunch Field Trip Book Other: _____

Parent/Guardian: _____
Email: _____
Contact number: _____



Sloan Elementary School

Phone 724-327-5456 x3002
Fax 724-733-5487

Date: ___/___/___
Student Name: _____
Teacher: _____ Grade: _____

ABSENCE/TARDINESS

Absent Tardy Arrival ___:___ am/pm

On date(s): _____
Due to: _____

PICK-UP/LEAVE EARLY

At: Dismissal School time ___:___ am/pm
Will be picked up by: _____

Due to: _____

Will leave early ___/___/___ @ ___:___ am/pm

Due to: _____

MONEY ENCLOSED

Amount: \$____.____ Cash Check
For: Lunch Field Trip Book Other: _____

Parent/Guardian: _____
Email: _____
Contact number: _____