

YONKERS MONTESSORI ACADEMY
STUDENT PICK UP FORM

Please write all names legibly.

Please send this to school with your child on the day of pick up and instruct him/her to give it to the teacher. The teacher will forward the note to the main office.

Child's Name: _____ Date: _____
Please write first and last name legibly

Teacher: _____ Grade: _____ Room: _____

Dear Dr. Rivera (Principal),

It is necessary that my child be picked up early from school today at _____ for an appointment. I am aware that photo proof of identification is required upon pick up.

Name of person picking up child: _____ Relationship: _____
Please write first and last name legibly

Parent/Guardian : _____
Please write first and last name legibly

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**YONKERS MONTESSORI ACADEMY
REPORTING STUDENT ABSENCE FORM**

Please send this completed form with your child when he or she returns from a full day absence. The teacher will forward it to the attendance office.

Today's Date: _____

Student's Name: _____ Grade: _____

Student's ID Number: _____ Room Number: _____

Date of Absence: _____

Reason for Absence: _____

Parent's/Guardian's Name and Signature: _____

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Student's ID Number: _____ Room Number: _____

Date of Absence: _____

Reason for Absence: _____

Parent's/Guardian's Name and Signature: _____