

**A Note to the LMES Office**

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Student's First Name      Student's Last Name

Will be picked up on:

\_\_\_\_\_ at \_\_\_\_\_  
date    time

by: \_\_\_\_\_  
First Name                                  Last Name

Signature of Parent/Guardian:

\_\_\_\_\_

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