Date:	_		
Dear:		(Student Nam	e),
•	ted to stay after school for et some extra help in the fo		(date)
Science Math Self Refe Homewotz Otherz: P	ETETEAL K COMPLETION CLEASE SPECIFY:		
•	parent/guardian sign this n ot. Parent/Guardian Pleas	•	so that we will know if you
My child sho	my child between 3:30 and uld take the late bus. not be able to stay after this		
			_ (Parent/Guardian Signature)