

A Note to Goff

To: _____

From: _____
Parent's Signature

Date: _____

Subject: _____
Student's Name

is late due to _____

will be picked up by _____
at _____ AM/PM.

will be going home with _____

address _____

is returning to school after an absence of _____
days due to _____

[other] _____

Howard L. Goff Middle School
35 Gilligan Road
East Greenbush, NY 12061

Telephone: (518) 477-2731
Fax: 477-2667

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