

St. Catharine of Siena School Attendance Note

Student Name: _____ Grade: _____
(first and last name)

Date(s) of absence, tardy or early dismissal _____

Time that student needs to be picked up early _____

Please indicate the reason, along with any other information:

Excused

Unexcused

Illness/Injury _____
Death in family _____
Medical Appointment _____
Other: _____

Vacation _____
Overslept _____
Car trouble or traffic _____
Other: _____

Parent Signature: _____ Date: _____

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