



All Saints  
CATHOLIC SCHOOL

### A NOTE TO SCHOOL-Absence

All Saints Catholic School  
Attention: School Clinic  
Office: 419-661-2070 ext. 133  
Fax: 419-661-2070

Please check what applies to your child and complete information required.

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

Student: \_\_\_\_\_

\_\_\_\_\_ Has an \_\_\_\_\_ appointment and will be

Picked up by \_\_\_\_\_ at \_\_\_\_\_ am/pm.

Student \_\_\_\_\_ will \_\_\_\_\_ will not return to school after appointment.

.....

\_\_\_\_\_ Is late due to \_\_\_\_\_

\_\_\_\_\_ Is returning to school after being absent on \_\_\_\_\_

Due to \_\_\_\_\_

\_\_\_\_\_ Other reason \_\_\_\_\_

Parent signature: \_\_\_\_\_



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