



NOTE TO SCHOOL

STUDENT NAME _____ GRADE _____ DATE _____

Please check appropriate box:

Is late to school due to _____
Please request an excuse for any Doctor/Dentist appointments and turn it into the Attendance Office upon arrival

Request an early dismissal and will be picked up by _____
at _____ a.m./p.m. due to _____
Early dismissal notes should be taken to the Attendance Office before 1st period.

Is returning to school after an absence of _____ day(s), due to _____

Absence notes should be taken directly to the Attendance Office upon day of return to school.

DATE(S) OF ABSENCE(S) _____

Parent/Guardian Signature _____ Phone _____

ST RAPHAEL SCHOOL

412-661-0288



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