

Seton Catholic School

Date: _____ Parent / Guardian Name: _____

Student (s) Name: _____

Grade / Teacher: _____

- Is a Walker Rider _____
- Will be picked up by: _____ at _____ AM / PM
- Is Late Due To: _____
- Is returning after an absence. Dates of absence: _____
Reason for absence: _____
- Other: _____

Office Initials: _____

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