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:_____

Seton Catholic School