

**Saint Katharine Drexel School  
Attendance**

*Please Print*

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

My Child : \_\_\_\_\_  
(First and Last Name)

In Home room: \_\_\_\_\_  
Homeroom

Was absent from school on : \_\_\_\_\_  
(Dates)

because: \_\_\_\_\_  
\_\_\_\_\_

A Doctors certificate \_\_\_\_\_ is / is not \_\_\_\_\_ attached.

\_\_\_\_\_  
Parent or Guardian Signature

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