

St. Leo the Great School

A Note to School



To: _____
(Teacher's Name)

Student: _____
(Please Print - First and Last Name)

Date: _____

From: _____
(Parent's Signature)

(Check applicable box)

will be picked up by _____
(Mom / Dad / etc.)

_____ at _____
(Date) (Time) AM / PM

due to _____

will be going home with _____

(Name, Address and Telephone Number)

Comments: _____

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