GREATER SASKATOON CATHOLIC SCHOOLS

STUDENTS WITH DESIGNATED DISABILITIES
TRANSPORTED BY PARENTS
MONTHLY ATTENDANCE REPORT

MONTH: _____ **SCHOOL:** _____

STUDENTS NAME	TOTAL NUMBER OF DAYS IN MONTH	DATES MISSED (INCLUDE CDD)

PLEASE NOTE: REPORT IS DUE 1ST OF EACH MONTH
FAX TO GAY HOFFMAN AT 659-2011

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