

ST. SIMON SCHOOL

Copy Request

Organization

Parish Life Group _____
Parent Advisory Group _____
Other _____

Date (s) to be Distributed _____

Include in: "Focus" _____

Tuesday Folder: Youngest _____

All Students _____ Only when
reply necessary from each student)

CCM Students _____

COPY MUST BE ON ONE-HALF OF AN 8 1/2 X 11" PAPER ONLY, USING DARK INK

CAN THIS FLIER BE RUN BACK-TO-BACK WITH ANOTHER FLIER? YES _____ NO _____

Subject: _____

Request by: (Name) _____ Phone _____

Approval: _____

Principal

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