

**ST. THOMAS AQUINAS C.S.S.**

**QUADMESTER 3 BOOK RETURN SLIP**

Please complete one return slip for **EACH** book you are returning. Once completed, please insert this slip inside the **FRONT COVER** of **EACH** book. The school will have tables set up at the front doors where books can safely be dropped off.

**DROP OFF DATES AND TIMES:**

**Monday April 19 to April 23 8:00 am-3:00pm**

**PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

Subject \_\_\_\_\_

Grade \_\_\_\_\_

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