

BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL

COLLEGE VISIT

ONE DAY ABSENCE FORM

_____ will be absent from school on _____
Name Date

The student is, of course, responsible for all work missed during the time he/she is absent. Please sign this form so that Parents may know of any reservations you may have concerning this student's absence from school.

Reason for the absence: _____

Teacher's Signature

Objections/Comments

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

***Student must have all teachers and counselor's signatures before taking this form home for parent's signature. Upon completion of this form, please bring it to the Main Office for proper attendance recording before the trip is made.**

Parent's Signature: _____

Date: _____

Counselor's Signature: _____

Date: _____