

BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL

COLLEGE VISIT EXTENDED ABSENCE FORM

Name _____ will be absent from school on _____ Date (s) _____

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 Signature

Objections/Comments

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

***Student must have all teachers' signatures and a counselor's signature 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: _____
