BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL

ONE DAY ABSENCE FORM

_____ _____ will be absent from school on _____

Name Grade 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 Signature	Objections/Comments
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

***Student must have <u>all</u> 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: _____

Administrator's Signature: _____

Date: _____