

BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL

ONE-DAY COLLEGE VISIT ABSENCE FORM

_____ will be absent from school on _____
Student Name 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