

BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL

EXTENDED EXCUSED ABSENCE FORM

 Name Grade Date

will be absent beginning _____ and will return _____ .
Date 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/Comment

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

Students 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

 Administrator's Signature

 Date