

CATHEDRAL ACADEMY

PLANNED ABSENCE FORM

This application must be signed by your parent first and then by each of your teachers before being submitted to the office of the Head of School.

NAME: _____ GRADE: _____

OFFICE ACKNOWLEDGEMENT: _____ DATE: _____

To Faculty:

The above named student has notified us of a planned absence for the following day/days: _____

For the purpose of: _____

Affects Participation: yes no

Teachers, please indicate briefly below your reactions as to the impact of this absence on his/her class performance.

Period	Subject	Comments	Teacher's Signature
1			
2			
3			
4			
5			
6			
7			

Dear Parent:

You and your student are indicating by completing this form that an absence will occur as described above. This form notifies us of the absence, gives us a chance to advise you as to the possible impact on academic performance and provides an opportunity to give information relative to missing assignments. It is important to note that the student is responsible for making up all missed work.

Despite everyone's best efforts and intentions, it is simply not possible to recreate the class discussions, labs and lectures that students miss when they are out of class for an extended time. For most students, an extended absence has a negative academic impact. In the case of vacations taken outside of normal school vacation times, parents and students must assume full responsibility.

Your signature below reflects an understanding of the above.

Parent Approval: _____ Date: _____