



SAINT THOMAS AQUINAS  
REGIONAL CATHOLIC HIGH SCHOOL

FORESEEN ABSENCE

*I give permission for my son/daughter to miss school on the days listed below. I understand that my son/daughter must get the permission from each of his/her teachers before my son/daughter's absence. I also understand that my son/daughter must make up all missed work and that every attempt must be made to do work before the absence. This completed form should be returned to the Office a week before the foreseen absence.*

*Student:* \_\_\_\_\_

*Parent's Signature:* \_\_\_\_\_

*Dates of Foreseen Absence:* \_\_\_\_\_

<i>Period</i>	<i>Teacher's Signature</i>	<i>Comments</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Reason for Absence:* \_\_\_\_\_

\_\_\_\_\_