



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: _____