

Archbishop O'Leary Catholic High School Extended Absence Form

STUDENT(S) NAME:					
GRADE:					
PARENT/GUARDIAN N	AME:				
REASON FOR ABSENCE	i:				
DATES(S) ABSENT:					
Please read and initial ea	ach point below, sign, and turn in to the Main Office				
	and that taking vacations and other scheduled absences during the scheduled school ghly discouraged and will impact a student's progress in his/her courses.				
	I/We understand that learning activities that take place in the classroom cannot be replicated whe a child is absent.				
may not be eli absence, then	and that if a Final Exam is to be written at the time of this absence				
who are on ex assessment. I/We understa and document	We understand that it is the responsibility of to speak to his teachers ad document what course work needs to be worked on during this absence. Please ensure your aild has completed the "Assignment Sheet for Extended Absences" at least one week prior to				
Student Signature	Date:				
Parent Signature	Date:				
•	Date:				
Cohort Administrator					

Assignmer	nt Sheet for Extend	ed Absences		
Student Na	ame:			
TEACHERS'	ACKNOWLEDGEMEN	T OF STUDENT'S	ABSENCE AND RESPONSIBILITIES:	
Course	Teacher Signature Included	Current Mark	Assessments be to Complete upon return	Date to be completed
material in	order to maintain pa	ce in these cour	e above document. I will make time during rses. I understand that I will need to main es indicated in the above chart.	
Student Sign	nature		Date	