

# ST. PATRICK CATHOLIC HIGH SCHOOL

## REQUEST FOR PRIOR APPROVAL OF ABSENCE

Date \_\_\_\_\_ Student \_\_\_\_\_ Grade \_\_\_\_\_

I request that prior approval be granted for the absence of my child on the following date(s):

Type of Leave Requested

- Medical Appointment
- Religious Event
- Educational Opportunity
- Other

If necessary, clearly explain any circumstances which may need to be considered in relation to this request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved     Declined

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comments