

A.M.D.G. Request for Absence

Please check one: Excused Unexcused

Name _____ Date(s) Absent _____

Reason for Absence _____

Period(s) Missed	Class	Teacher Comments – Approximate Grade	Teacher Signature
---------------------	-------	---	-------------------

1			
2			
3			
4			
5			
6			
7			

This form **MUST BE COMPLETED** and **RETURNED** to the office of the Dean of Students at least ONE school day prior to the student's absence. Failure to do so may result in disciplinary action or result in an excused absence becoming unexcused. Please reference the Student-Parent Handbook for specific information about Xavier's policy for absences.

I have read this completed form, understand the consequences herein and request an excused absence for my son or daughter on the above date(s).

Parent Signature _____

Date _____