

## EXTENDED ABSENCE (VACATION) FORM

This form must be completed and returned to the office, Attn: Mrs. Cooney, two weeks prior to the anticipated dates of absence. \*\*\* Please note: a copy of this form will be provided to the classroom teacher after it has been received and processed by the office. Directly notifying the teacher of a planned absence does not replace the need to file this form with the main office. \*\*\*

Student(s) Name: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

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

Parents should refer to the section in the Holy Trinity Handbook entitled Absence for Vacation for information regarding make up work.

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(for office use)

Received in Holy Trinity office on \_\_\_\_\_

Office Signature: \_\_\_\_\_