



Nativity BVM High School College Visit/Family Trip/Medical Absence

Student _____ Grade _____

Destination _____

Date of Absence _____ Date Form Due _____

Teachers: The parents of _____ have requested release from school for a college visit, family trip or medical absence. If there is any problem with this, please contact the parents immediately and send notification to the Student Affairs office that contact has been made.
If there is no difficulty, please initial the form below. If you believe that missing school would cause academic difficulty for the student, please do not initial this form, but contact the parents.

Students: Please list the name of your subjects for each period and have the teacher initial the form. Remember you are responsible for any work that is missed while you are absent.

Class Period	Teacher's Initials	Class Period	Teacher's Initials
1 _____		5 _____	
2 _____		6 _____	
3 _____		7 _____	
4 _____		8 _____	

Parents: When you sign this form, you are accepting the responsibility for taking your son/daughter out of school and for all work he/she misses. This work must be made up according to the individual subject teacher's schedule.

Parent's Signature

Date