

**DE LA SALLE HIGH SCHOOL
ABSENCE PERMISSION FORM**

(This form must be completed at least ***five school*** days prior to absence.)

To: Faculty
From: Joe Aliotti, Dean of Students

Name: _____ Grade: _____ Today's Date: _____

The above named student is requesting permission to be absent from school on the following dates:

_____ for the purpose of _____

Parent/Guardian approval: _____

Please indicate below if this is permissible with you?

It is understood that the student is responsible for class work missed.

PERIOD	CLASS	TEACHER'S SIGNATURE	YES	NO*
0				
1				
2				
3				
4				
5				
6				
7				

****Teachers – If you have checked NO – Please give reason on back of this form.***

Dean of Students' Approval _____