

Saint John Nepomuk Catholic School
600 Garth Brooks Blvd.
Yukon, OK 73099
Request for Absence
(To be completed prior to all planned absences.)

Date of Request _____
Student Name _____ Grade _____
Homeroom Teacher _____

Reason for absence

My child will be absent from school

(date)

Returning to school on

(date)

I request that the absence is considered approved and that my child has the opportunity to make up all work missed at no penalty.
Please note that sometimes teachers are able to provide assignments prior to the leave. However, the SJN handbook states that missed assignments and tests will be available to students upon returning to school. It is the child's responsibility to collect the missing work and complete it in a timeframe negotiated with the teacher.

Parent/Guardian Signature _____ Date _____

For office use only:

Approved

Not Approved. Reason _____
Administrator _____ Date _____