St. Mary's Dominican High School Attendance Office – 504-861-8026

RETURNING FROM AN ABSENCE Today's Date: _____ ______, grade _______, My daughter, _____ (please print first and last name) was absent the following date(s) Ex. - illness, doctor appt., funeral, wedding, religious obligation, court appearance, family obligation, college visit, personal interest, etc. Please refer to Student/Parent Handbook for additional attendance information. A student must be fever free for 24 hours before returning to school. **Parent/Guardian Name Printed** Parent/Guardian Signature Date Contact #: Please list any tests, quizzes, projects, or presentations that your daughter missed: (if student has missed 3 or more consecutive days, please contact her guidance counselor.) DISMISSAL FROM SCHOOL DURING SCHOOL DAY Today's Date: _____ Please allow my daughter, _____ (please print first and last name) to check out of school at _____ (time of day) Ex. - illness, doctor appt., funeral, wedding, religious obligation, court appearance, family obligation, college visit, personal interest, etc. Please refer to Student/Parent Handbook for additional attendance information. A student must be fever free for 24 hours before returning to school. _____She will be driving herself ______ She will be picked up by_____ (please print name and relationship) Parent/Guardian Name Printed Parent/Guardian Signature Date Contact #: _____ Please list any tests, quizzes, projects, or presentations that your daughter will miss: