BISHOP CANEVIN
HIGH SCHOOL

Application For Waiver of Compulsory Attendance

Complete the application and return it to the principal's office two weeks in advance of the date for which approval is requested. Parents and legal guardians are encouraged to schedule vacations at times other than days school is in session and stress the value of education to our children. If an application must be submitted, parents/guardians and students should plan carefully so that absences do not occur during important educational periods. Teacher signatures must be sought, and assignments must be made up in a timely manner.

Student Name: _____ **Grade**: _____

Dates of absence from school: _____ - _____

Reason for waiver:

_____
_____
_____
_____
_____

Signature of Parent/Guardian:

_____

Date _____

Teacher Signatures:

Period 1: _____ Period 2: _____

Period 3: _____ Period 4: _____

Period 5: _____ Period 6: _____

Period 7: _____ Period 8: _____

Period 9: _____

***Please return this form to the main office for the signature of the principal.**

Signature of Principal: _____ Date _____

Approve _____Deny _____

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