



NOTIFICATION OF PARENT ABSENCE

St. Michael Catholic School

Child's Name: _____ Grade/Teacher: _____

_____ Grade/Teacher: _____

_____ Grade/Teacher: _____

_____ Grade/Teacher: _____

I/we will be gone from (dates) _____ and returning on _____

Primary person(s) caring for my/our child(ren) in my/our absence:

Name _____

Relationship to child(ren) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

Address _____

_____ This person is staying at my home

_____ My child is staying at this person's home

Other person(s) caring for my/our child(ren) in my/our absence (if applicable):

Name _____

Relationship to child _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

Address _____

_____ This person is staying at my home

_____ My child is staying at this person's home

Information the school should be aware of:

Parent Signature

Date