



DE SMET
JESUIT HIGH SCHOOL

233 North New Ballas Road ~ Saint Louis, Missouri 63141
Telephone (314) 567-3500 ~ Fax (314) 567-1519

Excused Absence Form

Date: _____

To: _____

I will be absent from all or part of your class on _____

For the following reason: _____

Name of Student

College Counselor

Teachers: Please initial this form in the order in which it is given to you. The student is responsible for returning this form to my office. Thank You !

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

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