



CHAMINADE HIGH SCHOOL

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Chaminade Attendance Vincent Jeffrey, Assistant Dean of Students

Name: _____ Homeroom: _____

Date (s) of absence: _____

Reason for absence:

Parent/Guardian Signature: _____

Contact Number: _____

Please print and submit form to Office of the Assistant Dean of Students (next to Room 21).

For Office Use Only:

Type of Absence: _____

Stamp: _____