



CHAMINADE HIGH SCHOOL

OFFICE OF THE ASSISTANT DEAN OF STUDENTS

Attendance Form

Name: _____ Homeroom: _____

Date(s) of absence: _____

Reason for absence:

Parent/Guardian signature: _____

Contact number: _____

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

For office use only:

Type of absence: _____

Stamp: _____