

Parental Permission to be Absent from School

I hereby give permission for my child, _____, to be absent from classes at St. Croix Lutheran High School during these dates:

_____.

I understand that St. Croix Lutheran High School:

- is not involved in planning or implementing any aspect of my child's absence.
- is not responsible for special assistance in make-up work, projects or tests.
- does not condone missing school outside of an emergency.

I acknowledge that my child is responsible for:

- completing all missing work, projects, and tests in a timely matter described by his or her teachers.
- communicating with his or her teachers regarding absence in advance of the absence.

Date: _____

Parent Signature

**Please Fax this form to St. Croix Lutheran High School (651-451-3968)
Attention: Principal Gibson**