



ST. THOMAS MORE COLLEGIATE

HOME OF THE KNIGHTS SINCE 1960

FORM 3 – PARENT/GUARDIAN ABSENCE (CHILD STILL ATTENDING SCHOOL)

Date: _____

_____ will be away

(Name(s) of Parent(s)/Guardian(s))

from _____ till _____

(Date of Departure)

(Date of Return)

During my absence, I give full permission for the person named below to phone the school regarding absences, to write notes, etc. for:

(Full Name(s) of Student(s))

Name of person caring for my child(ren): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

(Signature of Caregiver)

(Signature of Parent/Guardian)