



Saint Joseph Regional School
92 Wilson Street
Keene, NH 03431

Phone 603/352-2720
Fax 603/358-5465
www.stjosephkeene.org

Pre K-Grade 8

Our Lady of Mercy Academy
161 Main Street
Keene, NH 03431

Phone 603/352-2720
Fax 603/358-5465
www.mercyacademykeene.org

Grades 9-12



OUR LADY OF MERCY ACADEMY -- PLANNED ABSENCE FORM

1. Parents/guardians must contact the Dean of Students via phone/email at least two (2) weeks prior to a planned absence to provide information about the absence. Exceptions may be made for the timing in extenuating circumstances.
2. Students must speak directly with each of their teachers to discuss the work that will be missed during their absence. All teachers must sign this form indicating these conversations have occurred and a plan for any missed work has been determined.
3. Parent/Guardian signature.
4. Dean of Students signature.
5. Completed form will be kept on file in the Main Office.

Student name _____ **Year of Graduation** _____

Date(s) of planned absence _____

Reason for absence _____

Teacher signatures	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Parent/Guardian Signature _____ **Date** _____

Dean of Students Signature _____ **Date** _____

Original: Dean of Students

Copy: Student/Family