HUDSON CATHOLIC REGIONAL HIGH SCHOOL

790 BERGEN AVENUE – JERSEY CITY, NEW JERSEY 07306
Tel: (201) 332-5970 – Fax: (201) 332-6373
www.hudsoncatholic.org

ABSENTEE NOTE

_____ 9 10 11 12
Last name, First name (Print) Circle Year

Dates of Absence_____

Reasons for Absence _____

_____

_____
[For extended absences or chronic conditions, a doctor's note is required in addition to the parent's note.]

_____
Parent/Guardian Signature

PRESENT THIS FORM AT THE REGISTRAR'S OFFICE ON THE DAY OF YOUR RETURN.
N.B.: THIS IS A LEGAL DOCUMENT. NO ONE MAY SIGN IN THE PLACE OF THE PARENT OR GUARDIAN.