



Campus Ministry

TEACHER APPROVAL FORM for Retreat

Student Name: _____ Retreat Dates: _____

I would like to attend an upcoming retreat with Campus Ministry. I understand that class time is crucial and I am committed to making up any missed tests and quizzes in a timely manner. Please sign below indicating that we have discussed this absence and whether you approve it or not. Thank you!

This form is due to Campus Ministry the Friday before you leave on retreat.

Period 1: Approved Not Approved

Teacher Name: _____ Teacher signature: _____

Period 2: Approved Not Approved

Teacher Name: _____ Teacher signature: _____

Period 3: Approved Not Approved

Teacher Name: _____ Teacher signature: _____

Period 4: Approved Not Approved

Teacher Name: _____ Teacher signature: _____

Period 5: Approved Not Approved

Teacher Name: _____ Teacher signature: _____

Period 6: Approved Not Approved

Teacher Name: _____ Teacher signature: _____

Period 7: Approved Not Approved

Teacher Name: _____ Teacher signature: _____

Thank you for your support. If you have any questions or concerns, please feel free to contact Mr. Eckert at (949) 493-9307 Ext. 2114

Vice Principal of Student Formation and Leadership: Mr. Zach Eckert
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