



# JSerra Catholic High School

## 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 assignments in a timely manner. Please sign below indicating that we have discussed this potential 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 help and cooperation. If you have any questions or concerns, please feel free to contact Mr. Eckert at (949) 493-9307 Ext. 2122*