

TEMPORARY EXCUSAL OF ATTENDANCE

Student Name: _____ School: _____ Grade: _____
OEN #: _____ Student Address: _____
D.O.B.: (mm/dd/yyyy) _____ Age: _____

Parent/Guardian: _____ **Parent/Guardian:** _____
Home Phone #: _____ Home Phone #: _____
Work Number: _____ Work Number: _____
Cell Number: _____ Cell Number: _____

Teacher(s): _____
Student Withdrawal Date: _____ Student Return Date: _____
Total Number of School Days Missed: _____

We, the parent(s)/legal guardian(s) of the above student, hereby request permission that my child be temporarily excused from school for the above-stated period of time (pursuant to Ontario Regulation 298 of the *Education Act*, Section 23 (3)). I/We take full responsibility for the student's absence from school and for any work or tests missed during the period of absence. I/We have been made aware that regular school attendance is linked to school success and am/ are aware of the potential risks associated with prolonged absences from school.

For absences between seven to fourteen consecutive days: I/We understand that the school is encouraged to, but not required to, provide alternative programming during this period of time and that the student will be marked as "G" in the Daily Student Attendance Register.

For absences beyond fifteen consecutive days: I/We understand that the student will be removed from the Enrolment Register. I/We will re-register the student upon their return as indicated above.

Note: In exceptional circumstances only, at the Principal's discretion, a program of study may be provided for absences beyond fifteen consecutive days. If the school provides a program of study, the student may remain on the school's enrolment register and will be marked as "G" in the Daily Student Attendance Register.

A program of study has been provided

I/We understand that the student must return to school on the date indicated above or the matter will be referred to the Attendance Counsellor.

Date Parent/Guardian(s) Signature

Date Principal's or Designate's Signature

PROGRAM of STUDY for a TEMPORARY EXCUSAL OF ATTENDANCE

Student Name: _____ OEN #: _____

Student Withdrawal Date: _____ Student Return Date: _____

Subject: _____ Course Code: _____ Teacher: _____

Assignment:

Textbook/Resources Required: _____

Subject: _____ Course Code: _____ Teacher: _____

Assignment:

Textbook/Resources Required: _____

Subject: _____ Course Code: _____ Teacher: _____

Assignment:

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