



TEMPORARY EXCUSAL OF ATTENDANCE

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

For absences between five 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

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. The information is collected for education purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989.

AJAX HIGH SCHOOL
Extended Absence Form



NOTE: This process may NOT be used during formal examinations.
All students are expected to be present for scheduled exams.

Student's Name: _____ Home Room _____

Dates of Extended Absence _____

Reason(s) for Absence _____

It is in every student's best interest not to miss instructional time. Requests for extended leaves are formally discouraged. However, there may be exceptional and extenuating circumstances. Students and parents requesting extended leaves must be aware of the following:

NOTE: Principal approval will not be granted unless all pages on the enclosed form have been completed.

1. The student is solely responsible for all curriculum missed.
2. Any work assigned must be completed before leaving, or within three days following the leave, unless otherwise stated by the teacher.
3. Where possible, student/parents should submit documentation supporting the request.
4. **Students will return this form completed in FULL to the appropriate administrator, ONE week before departure.** The office will provide the student with a copy of the completed Assignment Record Form at that time. Thank you.

We understand and accept the conditions set out above.

Student's Signature _____

Parent/Guardian's Signature _____

Administrator's Signature _____

Date: _____

Note to Teachers: If possible, please provide this student with assignments for the period of leave requested.

Course Code	Assignment
Teacher	
Course Code	Assignment
Teacher	
Course Code	Assignment
Teacher	
Course Code	Assignment
Teacher	