DURHAM DISTRICT SCHOOL BOARD

REQUEST FOR 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: _____

I/We, the parent(s)/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, Subsection 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 up to fourteen consecutive days: I/We understand that the school is encouraged to, but not required to, provide a program of study during this period of time and that the student will be marked as "G" in the Daily Student Attendance Register.

For absences of fifteen or more 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 of fifteen or more 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 may be referred to the Attendance Counsellor or if absent for fifteen consecutive days, the student will be removed from the Enrolment Register.

_____ _____

Date Parent/Guardian/Adult Student

_____ _____

Date Principal 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. This information will become part of the Ontario Student Record. Any questions with respect to this information should be directed to the Principal of the School. Users: Supervisory Officers, Principals, Teachers, Attendance Counsellors and Chief Attendance Counsellor. XXXX 01/13 Distribution: ❑ Original: O.S.R.

Uxbridge Secondary School

Extended Absence

ASSIGNMENT RECORD FORM

NOTE: **This process MAY NOT be used during formal examinations. All students are expected to be present for scheduled exams. Dates for the exams are listed in the student agenda and on the school website.**

Student: _____

Date of Extended Absence: from: _____ to: _____

Date Returning to School:

Subject	Teacher Signature	Assignment

* **Return this form, completed on BOTH sides, to the appropriate Vice-Principal ONE week prior to departure***