

## **DURHAM DISTRICT SCHOOL BOARD**

## REQUEST FOR TEMPORARY EXCUSAL OF ATTENDANCE

Studer	nt Name:		School:	Grade:	
OEN #	±:		Student		
D.O.B	: (dd/mm/yy)	Age:	Address:		
Paren	t/Guardian:		Parent/Guardian:		
Home	Phone #:		Home Phone #:		
Work I	Number:		Work Number:		
Cell N	umber:		Cell Number:		
Teach	er(s):				
Student Withdrawal Date:			Student Return Date:		
Total N	Number of School Da	ays Missed:	<del></del>		
Act, Su tests m to scho For ab	bsection 23(3)). I/V issed during the perol of success and am/	We take full responsibility for five dots absence. If We have are aware of the potential een consecutive days: If ram of study during this person is the potential for the potential for the person of the person is the person is the person in the person is	I risks associated with prolong We understand that the scho	n school and for any work or lar school attendance is linked ged absences from school.	
			s: I/We understand that the stupon their return as indicated	tudent will be removed from the above.	
Note:	<ul> <li>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.</li> </ul>				
to the A			ool on the date indicated above consecutive days, the student	re or the matter may be referred will be removed from the	
	Date	Parent/Guardian/Ad	dult Student		
	Date	Principal Sign	ature		

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. <u>Users</u>: Supervisory Officers, Principals, Teachers, Attendance Counsellors and Chief Attendance Counsellor.

XXXX 01/13 Distribution: Original: O.S.R.



## **PORT PERRY HIGH SCHOOL**

## EXTENDED ABSENCE - SECONDARY ASSIGNMENT RECORD FORM

<u>NOTE:</u> This process MAY NOT be used during formal examinations. All students are expected to be present for scheduled exams.

TUDENT:		
lomeroom:	Homeroom Teac	her:
DATE OF EXTENDE	D ABSENCE – From:	To:
REASON FOR ABSE	NCE:	
Return Date to Sch	nool:	
SUBJECT	TEACHER	ASSIGNMENT
	SIGNATURE	

Return this form, completed on BOTH sides, to the main office ONE week before departure.