March 2007

TEMPORARY STUDENT WITHDRAWAL ON SHORT-TERM BASIS PARENT/LEGAL GUARDIAN REQUEST

□ 5 co	n is to be used for absences of: (pinsecutive school days to a maxim r more consecutive school days	lease check the appropriate box) num of 14 consecutive school days
SCHOOL	·	O.E.N. #:
STUDENT NAME:		GRADE:
STUDEN	T WITHDRAWAL DATE:	
STUDEN	T RETURN DATE:	
TEACHE	CR'S NAME:	
EMERGI	ENCY LOCAL CONTACT (nam	e and phone #):
FAMILY	CONTACT NUMBER/LOCATI	ION (during period of absence):
REASON	FOR ABSENCE:	
school fo (3)). I/W	or the above-stated period of	f the above student, hereby request that my child be temporarily excused from time (pursuant to Ontario Regulation 298 of the Education Act, Section 23 he student's absence from school and for any work or tests missed during the
For abservations providing Student I	g alternative programming du	teen consecutive days: I/We understand that the school is not responsible for ring this period of time and that the student will be marked as "G" in the Daily
For abse	ences beyond fifteen consecu Register. I/We will re-register	<i>tive days</i> : I/We understand that the student will be removed from the Daily the student upon their return as indicated above.
absences school re I/We und	beyond fifteen consecutive da gister and will be marked as "	only, at the Principal's discretion, a program of study may be provided for ays. If the school provides a program of study, the student may remain on the 'G'' in the Daily Student Register. return to school on the date indicated above or the matter will be referred to school.
	Date	Parent/Legal Guardian Signature(s)
Principal's	s Comments (if applicable):	
	Date	Principal Signature
Original: Copy:	Principal (retain for current yes Social Worker (only for compu on the "Student Return Date" of	ar +1) Ilsory school aged students absent 15 consecutive days or more who have not returned or for retirement notification purposes only)