

Program of Study for Excused Absence

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.

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: _____

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.

Academic Supports Considered:

Please see attached unit of study (if applicable)
 I.E.P. Accommodations Modifications/Accommodations
 Individualized Equipment: _____

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

Date	Parent/Guardian(s) Signature	Print Parent/Guardian(s) Name(s)
Date	Principal or Designate Signature	Print Principal or Designate Name