



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)).

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.

EXTENDED ABSENCE – SECONDARY

Durham District School board
400 Taunton Road East, Whitby, ON L2R 2K6

Student Name: _____ Grade: _____

Academic Supports Considered:

I.E.P. _____ Accomodations _____ Modifications/Accomodations _____

Individualized Equipment _____

Subject	Teacher Signature	Assignment

Student Signature

Parent/Guardian (s) Signature

Administrator Signature

Date

Return this form, completed on BOTH sides, to the appropriate Administrator ONE WEEK before departure