14432 Road 38, Sharbot Lake, ON K0H 2P0
P: 343-283-0500 | F: 613-279-3326 | E: gredc@limestone.on.ca
grec.limestone.on.ca

Extended Absence Approval

Pursuant to Subsection 23(3) of Regulation 298 of the Education Act, I/we, the parent(s)/legal guardian(s) of the below named student, request permission that my/our child be temporarily excused from attending school for the period of time stated below, less than 15 days. I/we understand that regular school attendance is important for student success and take full responsibility for the student during the period of the absence. I/we further understand that the student's academic achievement (final grade) may be negatively impacted as a result of missed learning and assessment during the absence.

I/we further understand that should this requested absence exceed 15 consecutive school days, our child may be removed from the school's Enrolment Register unless: i) the Principal approves this request, and ii) the Principal provides a certified program of study that our child must follow. Extended absences may be granted for vacations, family obligations or based on the principal's discretion in consultation with the school supervisor.

Student Name: _____ Number of school days absent: _____

Start date of absence: _____ Date returning: _____

Reason for absence:

Instructions/Comments from Classroom Teachers:

PERIOD 1 Course Code: _____

Notes, Potential Academic Impact:
_____
_____
_____

Teacher Signature: _____

PERIOD 2 Course Code: _____

Notes, Potential Academic Impact:
_____
_____
_____

Teacher Signature: _____

PERIOD 3 Course Code: _____

Notes, Potential Academic Impact:
_____
_____
_____

Teacher Signature: _____

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PERIOD 4 Course Code: _____

Notes, Potential Academic Impact:

_____

_____

_____

Teacher Signature: _____

Even though the student is away from school, the student is responsible for catching up on missed learning. The student may not be able to complete some work that is missed, including some evaluations, practical activities, in-class work, and group projects. Please be aware that extended absences may affect the student's final mark in a course.

_____ _____

Student Name (Printed) Student Signature

_____ _____

Parent Name (Printed) Parent Signature

(I take full responsibility for my child during the extended absence)

*Office Use Only:

- ◯ The pupil will be away for a period of 14 consecutive days or less.
  The pupil will be maintained on the register and marked with a G Code for Grant day.
- ◯ The pupil will be away for a period that exceeds 15 consecutive days, and a program of study was provided by the teacher(s). The pupil will be maintained on the register and marked with a G Code for Grant Day.
- ◯ The pupil will be away for a period that exceeds 15 consecutive days and a program of study was NOT provided by the teacher(s). Pupil is to be deleted from the register after 15 days of consecutive absence.

Principal Signature and Comments:

_____

_____

_____

Signature: _____ Attendance Recorded: Y / N