

## TEMPORARY EXCUSAL OF ATTENDANCE

Student Name:		School:	Grade:
OEN #:			
D.O.B.: (mm/dd/yyyy)	Age:		
Parent/Guardian:		Parent/Guardian:	
Home Phone #:		Home Phone #:	
Work Number:		Work Number:	
Cell Number:		Cell Number:	
Tapphar(a);			
	<b>.</b>		
	Date:	Student Return Da	ate:
Total Number of Scl	hool Days Missed:		
excused from scho Act, Section 23 (3) missed during the p school success and For absences bet to, but not required	ol for the above-stated period of time). I/We take full responsibility for the period of absence. I/We have been a dam/ are aware of the potential risk	ne (pursuant to Ontarie student's absence for made aware that regions associated with protein tive days: I/We under goduring this period of the contact of the contact is associated with protein the contact is associated with protein the contact is associated with a second contact is associated with a second contact in the contact is associated with a second contact in the contact is associated with a second contact in the contact is associated with a second contact in the contact in the contact is as a second contact in the c	from school and for any work or tests ular school attendance is linked to blonged absences from school.  rstand that the school is encouraged
	<b>rond fifteen consecutive days:</b> I/V r. I/We will re-register the student up		
absences b	nal circumstances only, at the Princ beyond fifteen consecutive days. If the school's enrolment register and	he school provides a	
	☐ A program of s	tudy has been provid	ed
I/We understand the to the Attendance (		I on the date indicated	d above or the matter will be referred
Date	Parent/Guardian(s) Si	gnature	
Date	Principal's or Designate's	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.* 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 Officer. XXXX 01/13 Distribution: □ Original: O.S.R. □ Copy: Chief Attendance Officer

## PROGRAM of STUDY for a TEMPORARY EXCUSAL OF ATTENDANCE

Student Name:	OEN #	#:		
Student Withdrawal Date:	Student Return D	Oate:		
Subject:Assignment:	_ Course Code:	Teacher:		
Textbook/Resources Required:				
Subject:	_ Course Code:	Teacher:		
Textbook/Resources Required:				
Subject:	_ Course Code:	Teacher:		
Assignment:				
Textbook/Resources Required:				
Subject:	_ Course Code:	Teacher:		
Textbook/Resources Required:				