



**FS-17-X TEMPORARY STUDENT WITHDRAWAL ON SHORT-TERM BASIS  
PARENT/LEGAL GUARDIAN REQUEST**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_

Student Name: \_\_\_\_\_ OEN # \_\_\_\_\_

Last Date of Attendance (DD/MM/YY): \_\_\_\_\_

Student Return Date: \_\_\_\_\_

Total Number of School Days Missed: \_\_\_\_\_

Family Contact Information (during period of absence): \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

I/We, the parent(s)/legal guardian(s) of the above student, request that my child be temporarily excused from school for the 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.

**For absences up to and including fifteen consecutive days:** I/We understand that the school is not required to provide alternative programming during this period of time and that the student will be marked as “G” in the Daily Student Register.

**For absences beyond fifteen consecutive days:** I/We understand that the student will be removed from the Daily Student Register. I/We will re-register the student upon their return as indicated above.

**Note:** 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 register and will be marked as “G” in the Daily Student 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 will be referred to the Social Worker/ Attendance Counsellor.

Parent/Legal Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Principal (retain for current year +1)

Copy: Social Worker (only for compulsory school aged students absent 15 consecutive days or more who have not returned on the “Student Return Date” or for retirement notification purposes only)

*Authorization for the collection and maintenance of this information is the Education Act, R.S.O., 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the use of this personal information should be directed to the School Principal.*



## PROGRAM OF STUDY FOR A TEMPORARY EXCUSAL OF ATTENDANCE

Student Name: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_ Student Return Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Subject/Course Code: \_\_\_\_\_

Assignment:

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Teacher: \_\_\_\_\_ Subject/Course Code: \_\_\_\_\_

Assignment:

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Teacher: \_\_\_\_\_ Subject/Course Code: \_\_\_\_\_

Assignment:

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Teacher: \_\_\_\_\_ Subject/Course Code: \_\_\_\_\_

Assignment:

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