

FS-17-X AP 1160

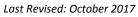


FS-17-X TEMPORARY STUDENT WITHDRAWAL ON SHORT-TERM BASIS PARENT/LEGAL GUARDIAN REQUEST

School:	Grade:	Home Room:
rudent 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, requisions for the stated period of time (pursuant to Ontario Regulari/We take full responsibility for the student's absence from school period of absence. I/We have been made aware that regular so am/are aware of the potential risks associated with prolonged a	ation 298 of the Ed ool and for any wor chool attendance is	ucation Act, Section 23 (3)). rk or tests missed during the s linked to school success and
For absences up to and including fifteen consecutive days: I/We provide alternative programming during this period of time and Daily Student Register.		•
For absences beyond fifteen consecutive days: I/We understand Daily Student Register. I/We will re-register the student upon the		
Note: At the Principal's discretion, a program of study may lead consecutive days. If the school provides a program of study, and will be marked as "G" in the Daily Student Register.	•	•
☐ A Program of Study has been	en provided	
I/We understand that the student must return to school on the referred to the Social Worker/ Attendance Counsellor.	date indicated abo	ove or the matter will be
Parent/Legal Guardian Signature(s):		Date:
Principal's Signature:		Date:
Original Drive in all (notein for account or and)		
Original: Principal (retain for current year +1) Cony: Social Worker (only for compulsory school aged students absent	t 15 consecutive day	s or more who have not returne

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.

on the "Student Return Date" or for retirement notification purposes only)







PROGRAM OF STUDY FOR A TEMPORARY EXCUSAL OF ATTENDANCE

Student Name:		
	Student Return Date:	
Teacher:	Subject/Course Code:	
Assignment:		
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Teacher:	Subject/Course Code:	
Assignment:		
		-
		-
Teacher:	Subject/Course Code:	
Assignment:		
		- -
		- <u>—</u>
Teacher:	Subject/Course Code:	_
Assignment:		
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