

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

This form is to be used for absences of: *(please check the appropriate box)*

- 5 consecutive school days to a maximum of 14 consecutive school days  
 15 or more consecutive school days

SCHOOL: \_\_\_\_\_ O.E.N. #: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT WITHDRAWAL DATE: \_\_\_\_\_

STUDENT RETURN DATE: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_

EMERGENCY LOCAL CONTACT *(name and phone #)*: \_\_\_\_\_

FAMILY CONTACT NUMBER/LOCATION *(during period of absence)*:  
 \_\_\_\_\_

REASON FOR ABSENCE:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**For absences up to and including fifteen consecutive days:** I/We understand that the school is not responsible for providing 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:** In exceptional circumstances only, 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.

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.

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

Principal's Comments *(if applicable)*: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date Principal Signature

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)*

March 2007