APPENDIX A

TEMPORARY EXCUSAL OF ATTENDANCE

Student Name:		OEN #:	Grade:
School:		Student Address:	
D.O.B:	Age:		

Parent/Guardian:	**Parent/Guardian:**
Home Phone:	Home Phone:
Work Number:	Work Number:
Cell Number:	Cell Number:

Teacher(s):		
Excusal Start Date:	Student Return Date:	Total School Days Missed:

We, the parent(s)/legal guardian(s) of the above student, hereby request permission that my child is 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. 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 between seven to fourteen consecutive days: I/We understand that the school is encouraged to, but not required to, provide alternative programming during this period of time and that the student will be marked as "G" in the Daily Student Attendance Register.

For absences beyond the above-stated return date: I/We understand that the student will be marked as absent and/or withdrawn from the Enrolment Register. I/We will re-register the student upon their return.

I/We understand that the student must return to school on the date indicated above or the matter will be referred to the Attendance Counsellor.

☐ A program of study has been provided

Date _____ Parent/Guardian(s) Signature _____

Date _____ Principal's or Designates Signature _____

Cc: Parent/Guardian, Attendance Counsellor, Superintendent of Education