



**STUDENT EXTENDED ABSENCE REQUEST (14 days or less)**

**A. STUDENT INFORMATION:**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ D.O.B: \_\_\_\_\_ School: \_\_\_\_\_  
 year/month/day

Address (Street/Lot/Conc./town/Postal Code) \_\_\_\_\_ Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian (Mr./Mrs./Miss/Mr. & Mrs.) \_\_\_\_\_

**B. REQUEST:**

Dates of absence: from \_\_\_\_\_ to \_\_\_\_\_

Reason for absence: \_\_\_\_\_

We, the undersigned:

- a) request that our child be excused from school temporarily in accordance with Regulation 298 S.23(3)
- b) realize that the school may or may not give permission for the absence;
- c) accept the responsibility for any lack of school progress or failure that may result from the absence;
- d) acknowledge that absence from school may be detrimental to the educational progress and achievement of the student; and
- e) realize that schoolwork, assignments or tests missed during such absence may restrict the school's ability to fully evaluate a student's performance.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Student's Signature (secondary only)

**C. ACKNOWLEDGEMENT OF RECEIPT:**

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Date

*The principal to retain copy on file.*

**Disclaimer**

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the Student Extended Absence Request. Questions regarding the collection of this information should be directed to the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234).