LAWRENCE PARK COLLEGIATE INSTITUTE
EXTENDED ABSENCE FORM

This form must be completed and submitted to the Vice-Principal 10 days prior to the first day of the absence.

_____   _____   _____
Student Name   Student Number   HF

Duration of Absence: _____ to _____
                                      Date   Date

This form does not give permission to students to be absent but acknowledges that teachers and/or administration have been informed that an extended absence will occur. **Students should not be taking a family vacation during school time.** The responsibility for the absence must be taken by the pupil/parent/guardian requesting the absence.

It must be remembered that when a student misses school for "travel", tests and assignments which are missed cannot be made up and a mark of "0" will be assigned. Valuable classroom learning time and possible participation and/or oral communication marks will be lost.

REASON FOR THIS ABSENCE: _____

_____

_____

_____

_____

PERIOD	COURSE	TEACHER	REMARKS/COMMENTS (e.g. tests or assignments)
1			
2			
3			
4			
5			
6			
7			
8			

PRINCIPAL COMMENTS AND SIGNATURE
It must be understood that an extended absence from school may have a very negative effect on the student's academic standing

_____

_____

_____

_____

_____   _____
Signature of Student   Signature of Principal

_____   _____
Signature of Parent   Date