



Lillian Public School Extended Absence Form

Please print:	
Student's Name:	Date of Birth:
Current Grade: Current Te	eacher:
What is last day that the student will attend scho	ol\$
On what day will the student return?	
Why will the student be absent from school?	<u> </u>
Where are you going?	<u></u>
Will the student be attending school/classes during	ng their absence from our school? Yes No
 All of the above information is accurate. If there are any changes in our arrangements contact the school with new information. The We understand that upon return, the school was classes, but that no guarantees of specific plane. We understand that we must come to the offine return. We understand that our children may have to was give the teacher time to prepare for the child's return. 	school email is Lillian@tdsb.on.ca. vill attempt to re-assign the student to the same accements can be made. ice with our child(ren) to re-register upon our uit 1 day before beginning class again. This is to
Name of Parent (print) :	_ Parent's Signature:
Date: OFFICE USE ONLY Date Received	
Copy to teacher	
O.S.R. Principal	