

Durham District School Board

TEMPORARY EXCUSAL OF ATTENDANCE

Student Name:	School:	Grade:	
OEN #:	Student		
D.O.B.: (mm/dd/yyyy) Age	Address: 		
Parent/Guardian:	Parent/Guardian:		
Home Phone #:	Home Phone #:		
Work Number:	Work Number:		
Cell Number:	Cell Number:	Cell Number:	
Teacher(s):			
tudent Withdrawal Date: Student Return Date:			
Total Number of School Days Missed:			

We, the parent(s)/legal guardian(s) of the above student, hereby request permission 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. 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 fifteen consecutive days: I/We understand that the student will be removed from the Enrolment Register. I/We will re-register the student upon their return as indicated above.

<u>Note</u>: 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's enrolment register and will be marked as "G" in the Daily Student Attendance Register.

A program of study has been provided

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.

Date

Parent/Guardian(s) Signature

Date

Principal's or Designate's Signature

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the *Education Act* and its regulations. The information is collected for education purposes and is within guidelines set out in the *Freedom of Information and Protection of Privacy Act, 1989.* This information will become part of the Ontario Student Record. Any questions with respect to this information should be directed to the Principal of the School. Users: Supervisory Officers, Principals, Teachers, Attendance Counsellors and Chief Attendance Officer.

PROGRAM of STUDY for a TEMPORARY EXCUSAL OF ATTENDANCE

Student Name:	OEN #:			
Student Withdrawal Date:	Student Return Date:			
Subject		Teacher:		
	_ Course Code			
Assignment:				
Textbook/Resources Required:				
Subject:	Course Code:	Teacher:		
Assignment:				
Textbook/Resources Required:				
Subject:	_ Course Code:	Teacher:		
Assignment:				
Textbook/Resources Required:				
Subject:	_ Course Code:	Teacher:		
Assignment:				
Textbook/Resources Required:				