



# Request for Temporary Excusal of Attendance for Consecutive Absences Greater Than 15 Days

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 OEN #: \_\_\_\_\_ Student Address: \_\_\_\_\_  
 D.O.B.: (dd/mm/yy) \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Work/cell phone # \_\_\_\_\_ Work/cell phone # : \_\_\_\_\_

Teacher(s): \_\_\_\_\_  
 Student Withdrawal Date: \_\_\_\_\_ Student Return Date: \_\_\_\_\_  
 Total Number of School Days Missed: \_\_\_\_\_

We, the parent(s)/legal guardian(s) of the above student, hereby request 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 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.

**Note:** In exceptional circumstances only, with the Principal's approval, the student may remain on the enrolment register and may be marked as "G". Where the "G" code has been used, the school must provide a comprehensive Program of Study (attach to this form).

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(s)/Guardian(s) Signature

**OFFICE USE ONLY**  
 (Principal to complete indicating PowerSchool Coding)

\_\_\_\_\_ G (absence is 15 days or more and a comprehensive Program of Study is attached)  
 \_\_\_\_\_ Remove from register and re-admit upon return (absence is greater than 15 days and no Program of Study provided)

\_\_\_\_\_  
 Date Principal 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 Municipal 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.