



DURHAM DISTRICT SCHOOL BOARD

REQUEST FOR TEMPORARY EXCUSAL OF ATTENDANCE

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

Parent/Guardian: Parent/Guardian:
Home Phone #: Home Phone #:
Work Number: Work Number:
Cell Number: Cell Number:

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

I/We, the parent(s)/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, Subsection 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 up to fourteen consecutive days: I/We understand that the school is encouraged to, but not required to, provide a program of study during this period of time and that the student will be marked as "G" in the Daily Student Attendance Register.

For absences of fifteen or more 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, at the Principal's discretion, a program of study may be provided for absences of fifteen or more 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 may be referred to the Attendance Counsellor or if absent for fifteen consecutive days, the student will be removed from the Enrolment Register.

Date Parent/Guardian/Adult Student

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 Counsellor.



Program of Study For Temporary Excusal of Attendance

Student Name:	Grade:
School:	
School Contact during period of absence:	

Academic Supports Considered:

I.E.P.:	Accommodations:	Modifications / Accommodations:
Individualized Equipment:		

Subject:	
Expectations	Assignment

Please see attached unit of study (if applicable)

Date _____ Student Signature _____

Date _____ Parent/Guardian Signature _____

Date _____ Principal Signature _____

Note: This Program of Study must be retained in the OSR along with the Request for Temporary Excusal of Attendance Form.