



Assumption Catholic Secondary School

Extended Absence Notification

Student: _____	# of School Days Absent: _____
Start Date of Absence: _____	Date of Return: _____
Reason for Absence: _____	

Submitted to Vice Principal: _____	Date: _____
Comments by VP: _____	

	Course	Teacher's Name & Signature	Teacher's Comments	Potential Academic Impact
1		_____		

2		_____		

3/4		_____		

5		_____		

Parent/Guardian Signature: _____ Date _____

I accept the responsibility for my son's/daughter's extended absence.

Returned to VP Signature: _____ Date Received _____

Student is responsible for all missed work

Some assessments and evaluations cannot be made up such as group work, participation, labs, in class assignments

Teachers shall not be expected to provide detailed homework assignments to students who are away for extended periods of time as a result of family initiated absences, although a general overview may be provided. For absences due to extended illness, parents should contact the school administration to discuss available options

Extended absences will affect the student's learning final mark in a course

Scheduled final exams cannot be made up