

## Program of Study for Excused Absence

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.

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: \_\_\_\_\_

**Note:** *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.***

### Academic Supports Considered:

Please see attached unit of study (if applicable)

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

I/We understand that the student must return to school on the date indicated above or the matter will be referred to the Social Worker/Attendance Counsellor.

Date	Parent/Guardian(s) Signature	Print Parent/Guardian(s) Name(s)
Date	Principal or Designate Signature	Print Principal or Designate Name