



St. Martin Secondary School

2470 Rosemary Drive • Mississauga, Ontario L5C 1X2 • Tel: 905 279-3171 • Fax: 905 279-3685

Holiday/Extended Absence Form

Date: _____

To the teachers of: _____

The parents of the above student have indicated that he/she will be absent from school

from _____ to _____
DAY MONTH YEAR DAY MONTH YEAR

(inclusive), for the following reason: _____
(eg. Holiday/Extended Absence)

In order that the parents are aware of how this absence may affect the student's school progress, will you please comment below.

SUBJECT	TEACHER	TEACHER'S COMMENTS

I have read the teachers' comments and understand how the planned absence could affect my son/daughter's progress at school. I am aware that it will be his/her responsibility to make up any work missed during the absence.

STUDENT'S SIGNATURE

PARENT'S SIGNATURE

COUNSELLOR'S SIGNATURE

VICE-PRINCIPAL'S SIGNATURE

ATTENDANCE SECRETARY'S SIGNATURE

TO BE FILED IN O.S.R. WHEN COMPLETED

Excellence in Catholic Education, Est. 1968