



St. Michael Catholic Secondary School

9130 Columbia Way, Bolton, ON L7E 4G6
905-951-8935

EXTENDED ABSENCE FORM

The Ministry of Education sets the number of instructional days for each school year. The Dufferin-Peel CDSB also sets school holidays and professional activity days. Parents, guardians and students should understand that being absent during instructional days might affect a student's progress at school. Please refer to the Attendance Policy and Procedures in the Student Agenda.

****Return this form to the Attendance Office at least 2 weeks before the absence. ****

Failure to do so will generate a call home every day of the extended absence.

Student Name _____ **(Print)**

The parent(s)/guardian(s) of the above named student have indicated that she/he will be absent from school starting from:

Start date: _____

End date: _____

Reason: _____

Destination: _____

Note: Medical absences require a medical note.

Teachers: Please complete in order that parent/guardian is aware how the absence could affect this student's progress.

COURSE CODE / SUBJECT	TEACHER	TEACHER COMMENT / WORK MISSED

We have read the above comments and understand how the absence could affect this student's progress. We are aware that it is the student's responsibility to make up any work missed during his/her absence.

Parent/Guardian Signature: _____

Date: _____

Adult Student Signature (18+): _____

Date: _____

Administrator's Signature: _____

Date: _____