



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Box 2222, 2755 Highway 43, Kemptville, Ontario K0G 1J0
Phone: (613) 258-7757 Toll-Free: 1-800-443-4562 Fax: (613) 258-7134

TEMPORARY ABSENCE FORM (ATT-5)

STUDENT NAME: _____

Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian can complete this form or the letter can be attached to this form

I _____ as parent or guardian of the above-named student, request that my child be temporarily excused from school in accordance with Regulation 298 subsection 23 (3) for the following reason:

The period of absence will be from/to _____ and will encompass _____ days of school.

Signature of Parent

Date

I, _____ (Principal) approve this request and certify that:

- A program of study was provided by the teacher(s) – Maintain on register and mark as Excused
- A program of study was NOT provided by the teacher(s) and student will be away for a period of 14 days or less – Maintain on register and mark as Verified Absence.
- A program of study was NOT provided by the teacher(s) – Student is to be deleted from the register the day following the last day of attendance.

Signature of Principal

Date

Cc: Monthly Enrolment Binder
School's Superintendent of Education

ATT- 5