



It is the school's responsibility to ensure parent(s) / legal guardian(s) understand the impact that extended absences may have on their child's education.

- Procedure:**
1. At least two weeks before leave, pick up form from Main Office.
  2. In consultation with parent(s) / legal guardian(s), make the decision regarding the extended absence and have parents/guardians sign.
  3. Student meets with an Assistant Principal.
  4. Student takes this form to teachers to discuss the proposed absence and work plan.
  5. Return the form to the Main Office before leave begins.

Student's Legal Name: _____ <small>(Last Name, First Name)</small>	Grade: _____	ID#: _____
Reason for Extended Absence: _____ _____		
Dates of Leave: From _____ to _____ inclusive.		

I have read and understand the following with regard to my child's extended absence:

- The Calgary Board of Education recognizes the strong positive correlation between attendance and a student's success in school.
- Alberta's *Education Act* excuses students from attending school due to illness or other unavoidable cause, religious holidays, suspension/expulsion or with permission from the Board (e.g., Cultural/Spiritual/Ceremonial). An absence outside of these exemptions will be recorded as an unexcused absence and the following statements apply:
  - Schools are not mandated to provide schoolwork for the extended absence nor are they required to provide support for missed instructional time when my child returns to school.
  - It is my responsibility to review and support my child's learning during the extended absence.
- This absence may impact my child's academic progress at school.
- The cumulative effect of multiple extended absences could result in significant gaps in my child's learning and achievement.
- This absence may affect my child's peer relationships at school.

I will support my child's learning during this absence by:

By signing below, I am indicating that I have read and understood the possible implications this extended absence may have on my child's learning.

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Phone Number

Administrator's Comment: _____
Signature _____



**TEACHERS' COMMENTS:** (achievement level, projects, papers, exams, commitments, etc.)

Period 1: Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Period 2: Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Period 3: Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Period 4: Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

J Block: Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_