Lester B. Pearson High School
Extended Absence Notification High School

Student: Number of of School Days Absent:

Start Date of Absence: Date Returning to School:

Vice-Principal: _____ Guidance Counselor: _____

Reason for Absence:

	Course	Teacher Name & Signature	Teachers comments	Potential Academic Impact
1				
2				
3				
4				
5				
6				

Even though the student is away from school, the student is responsible for all missed work. The student must make arrangements with his/her teachers to keep up with lessons, established due dates for assignments and RST's, and make -up dates for tests. Some evaluations cannot be made up. Things such as group work, participation and in-class work cannot be made up. Please be aware that extended absence will affect the students final mark in the course. Scheduled final exams cannot be made up.

Student signature: _____ Date: _____
I accept the responsibility for my son's/daughter's extended absence.

Parent/Guardian Signature: _____ Date: _____

Vice-Principal Signature: _____ Date: _____
Distribution: Copies to Vice-Principal, Guidance Counsellor, Teachers, Attendance, Student, Parent/Guardian