

## Burnaby North Secondary School

751 Hammarskjold Drive, Burnaby, B.C. V5B 4A1 Phone 604-296-6875 Fax 604-296-6877

## EXTENDED ABSENCE OF STUDENT

This form should be completed and returned no later than one week before the intended absence.

## **INSTRUCTIONS:**

- 1. COMPLETE THE REQUIRED SECTIONS;
- 2. PRESENT THIS FORM TO SUBJECT TEACHERS AND GRADE COUNSELLOR FOR SIGNATURE and/or COMMENT;
- 3. TAKE THE FORM HOME FOR PARENT SIGNATURE;
- 4. SUBMIT THIS FORM TO THE GRADE VICE-PRINCIPAL WHO WILL COMPLETE A PROCESS OF VERIFICATION;
- 5. ONCE VERIFIED, THE COMPLETED FORM WILL BE FILED IN THE OFFICE AND A COPY GIVEN TO THE STUDENT

Please Print			Date	
It is requested that (student)		St	udent #	Grade
	Last Name	First Name		
be excused from school for	school days from		to	(Dates)
The reason for this absence is _				
Parent/Guardian Name		work number	home	number
		cell number	fax 1	number
FOR PARENTS AND STUDEN		OLLOWING INFORMATI	ON	
Regular attendance is closely c whether or not they are present. assume the responsibility for suc to inform subject teachers, couns	Student absence from school absences. Teachers are no	ol for vacation cannot be au ot obligated to prepare mal	thorized or sanction	ned by the school and parents
STUDENTS: Students are expected to check very not all marks can be retrieved significantly to complete the revaluation.	nce some graded activities a	are a result of in class inter	raction and learning.	When you return, it is your
HAVING READ THE INFORM	ATION, I UNDERSTAND	THE INFORMATION AN	ND EXPECTATION	IS AS STATED ABOVE:
PARENT/GUARDIAN SIGNAT	ſURE:			
ADMINISTRATOR SIGNATUI COMMENT:	RE:	_		

## EXTENDED ABSENCE OF STUDENT

NAME		STUDENT #	
Absent for	days from	to	•
	TEACHER EXI	PECTATIONS/COMMENTS	

BLK	COURSE	TEACHER	COMMENT
AM			
1			
2			
3			
4			
5			
6			
7			
8			
pm			
Counse	ellor		

SPACE FOR ADDITIONAL STUDENT OR TEACHER NOTES: