

Extended Absence Notification Form (Page 1 of 2)

Dear Parents:

It is our understanding that you are planning a vacation for five (5) or more school days. Please complete this form and turn it in to the school office before your trip.

Student Name: _____	Student No: _____
Date of Birth (month/day/year): _____	Grade: ____
First day of absence: _____	Will Student be out of Country and require access to TEAMS? YES <input type="checkbox"/> NO <input type="checkbox"/>
last day of absence: _____	Student Email: _____
Number of School Days Missed : ____	

BEFORE YOU PLAN YOUR TRIP

When planning an extended absence for vacation, please contact the school *before finalizing* your trip. This allows you to discuss dates and the impact of the absence for your child. Please consider the following:

1. Your child's academic progress *may be affected by even a short absence*.
2. Scheduling the trip to overlap with a school holiday, e.g. Spring Break, would reduce the number of school days your child will miss.
3. Upon return from a *lengthy absence*, support programs such as LST or ELL may not be available, and your child may have to wait for an available space to return to the program.
4. Upon your return, your child may need you to spend extra time each day with him/her to catch up.
5. School District policy states that schools may hold a student's space in a classroom for **up to 25 consecutive school days**. Students who are absent for more than 25 consecutive school days risk losing their space if it is required for new students. The school may withdraw your child if the space is required for a new student.
6. The school will not provide ongoing homework for your child during your absence. The school may make suggestions regarding your child's educational opportunities and activities during your absence.

THANK YOU FOR WORKING WITH US.

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STUDENT NAME: _____ **STUDENT NUMBER:** _____

PLEASE ASK YOUR CHILD'S TEACHERS TO SIGN THIS FORM TO INDICATE AWARENESS OF YOUR FAMILY TRIP AND THEN HAVE THIS FORM SIGNED BY THE PRINCIPAL/VICE-PRINCIPAL.

BLOCK	SUBJECT	TEACHER SIGNATURE	COMMENTS
1			
2			
3			
4			

Vice Principal signature: _____ **Date:** _____

I have read this form and understand the School District's policy and will ensure my child understands the responsibility associated with missing school.

Parent/Guardian signature: _____

Date: _____

Student's signature: _____

Date: _____

PLEASE BRING FORM TO SCHOOL OFFICE OR EMAIL TO SALISH@SURREYSCHOOLS.CA