



# NORTH SURREY

S e c o n d a r y S c h o o l

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## **EXTENDED VACATION ABSENCE NOTIFICATION FORM** **FIVE DAYS OR MORE**

Dear Parent/Guardian,

It is our understanding that you are planning a vacation for more than 5 school days.  
**Please complete this form at least one week prior to your trip.**

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

First Date of Vacation: \_\_\_\_\_ Last Date of Vacation: \_\_\_\_\_

Number of Schools Days Missed: \_\_\_\_\_ Present Grade: \_\_\_\_\_

### **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:

- a) 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 deregister your child if the space is required for a new student.
- b) Your child's academic progress *may be affected by a lengthy absence.*
- c) *Scheduling the trip to overlap with a school holiday, e.g. Spring Break, would lessen the number of school days your child(ren) will miss.*
- d) The school will not provide ongoing homework for your child during your absence. The school will make suggestions regarding your child's educational opportunities and activities during your absence.

Regards,  
**Mr. J.B. Mahli**  
**Principal**

**Ms. Diane Christensen**  
**Vice Principal**

**Mr. Mohinder Khaira**  
**Vice Principal**



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Student's 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	Comments

**PRINCIPAL/VICE PRINCIPAL SIGNATURE:** \_\_\_\_\_

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 RETURN THE COMPLETED FORM TO THE OFFICE**