WEST KILDONAN COLLEGIATE

STUDENT LEAVE OF ABSENCE APPLICATION

This form must be completed when a student will be away from school for 3- 5 school days. ***If Leave of Absence is longer than 5 days, an administrator will contact families to review academic expectations.***

STUDENT'S NAME: _____

REASON FOR REQUEST: _____

DATES OF LEAVE *(START AND END DATE):* _____

LIST SUBJECTS YOU ARE TAKING THIS SEMESTER AND HAVE EACH TEACHER SIGN.

	SUBJECT	# OF ABSENCES TO DATE	TEACHER'S SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			

1. I agree to complete all work covered in classes during my leave of absence.
2. Upon return to classes I will take initiative to complete work which I missed during my absence.

_____ _____ _____

STUDENT SIGNATURE PARENT/GUARDIAN SIGNATURE DATE

When the above form has been completed by the student, parent and teachers, please bring it to the office for processing.

Date Office Received: _____

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