



**WEST KILDONAN COLLEGIATE**  
**STUDENT LEAVE OF ABSENCE APPLICATION**

*This form must be completed when a student will be away from school for 3 or more non-school related days.*

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 approval by an administrator.

Date Office Received: \_\_\_\_\_