



KITSILANO SECONDARY SCHOOL

Notice of Extended Absence

Student Name: _____ Grade _____ Student No.: _____

will be away FROM: _____ TO: _____

Reason for absence: _____

Please have each teacher sign below to indicate they are aware of the extended absence

Day and Period:	Subject	Teacher's Signature:
1 - 1		
1 - 2		
1 - 3		
1 - 4		
2 - 1		
2 - 2		
2 - 3		
2 - 4		
Off T/T		

Students are reminded of the policy about extended absence outlined in the Student Agenda Book: *"exams and assignments missed due to extended absences may result in a mark of "0"*. Teachers are not obliged to provide extra work or repeat instruction. It is not possible for the teacher to make up the time the student has been absent.

Parent

Administrator

Grade Counsellor

Records Clerk