



**TEMPORARY ABSENCE FORM (ATT-4)**

STUDENT NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: **Notre Dame Catholic H.S.** Grade: \_\_\_\_\_

I \_\_\_\_\_ as parent or guardian of the above-named student, request that my child be temporarily excused from school in accordance with Regulation 298 subsection 23 (3) for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The period of the absence will be from/to: \_\_\_\_\_

And will encompass \_\_\_\_\_ days of school.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

c.c. School Attendance Binder  
Behaviour Crisis Consultant  
School's Superintendent of Education