



COLLÈGE GARDEN CITY 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: _____

STUDENT'S ADDRESS: _____

TELEPHONE NUMBER: _____

REASON FOR REQUEST: _____

DATES OF LEAVE (START AND END DATE): _____

LIST ALL SUBJECTS FOR THIS SEMESTER AND HAVE EACH TEACHER SIGN.

| | SUBJECT | # OF CLASSES ABSENCENT TO DATE | TEACHER'S SIGNATURE |
|----|---------|-----------------------------------|---------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

1. I hereby agree to complete all work covered in classes during my leave of absence.
2. Upon return to classes, I accept full responsibility and will take initiative to complete any work that I have missed during my absence, within two (2) cycles.
3. I understand that I will not be granted standing in any subject in which I fail to complete the assignments and/or prescribed work to the satisfaction of the teacher concerned.

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

When the above form has been completed by the student, parent and teachers,
please return it to the office so that we may enter the absence accordingly.