



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	NOT RECOMMENDED
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. I will complete this work 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 bring it to the office for approval by an administrator.

ADMINISTRATOR'S SIGNATURE: _____