Lakeshore School

e | lakeshore@cbe.ab.ca

Extended Absence

At Lakeshore School it is our responsibility to ensure families understand the effect that extended absences may have on a student's education.

Student's Name:	Date of Birth:
Grade:	Classroom:
Reason for Extended Absence:	
Last day in attendance:	
Expected date of return to school:	
I have read and understood the followi	ing with regard to my child's extended absence
 between attendance and effect The Education Act excuses stored other unavoidable cause, religing permission from the Board. An recorded as an unexcused absence may affect my clean schools are not mandated to present it is my responsibility to review. The cumulative effect of multipus significant gaps in my child's lean 	udents from attending school due to illness or pious holidays, suspension/expulsion, or a absence outside of these exemptions will be sence. hild's academic progress at school. rovide schoolwork for the extended absence. y and support my child's learning ole extended school absences could result in earning and achievement. hild's peer relationships at school.
1	
2	
3	
By signing below, I am indicating that I implications this extended absence ma	I have read and understood the possible ay have on my child's learning.
Name of Parent/Guardian	Signature of Parent/Guardian
 Date	Phone Number