



Stephen Lewis
Secondary School

3675 Thomas Street
Mississauga, ON L5M 7E6

Phone: 905-363-0289
Fax: 905-363-0293

Website: <http://stephenlewis.peelschools.org>

COMMUNITY
EXCELLENCE
RESPECT

Ms. R. Gill
Principal

Ms. J. Jando
Vice Principal

Mr. C. Lane
Vice Principal

PROLONGED ABSENCE REQUEST FORM

This form must be completed and returned to the Office at least 7 days prior to start of vacation date. This form needs to be submitted if the student will be absent for 15 days or more. (A separate form must be completed for each child).

Student Name	
Grade	
Homeroom Teacher	
Prolonged Absence dates (inclusive)	to
Expected date of return	
Reason for absence	

As parents/guardians we understand and accept full responsibility for removing our child from classroom instruction. We will try our best to make arrangements for some educational learning activities to take place during our child's absence from school. If we extend the prolonged absence, or if the dates indicated above change, we will inform the school in writing prior to expected date of return stated above.

We acknowledge the study plan that has been provided by the school, and accept responsibility to complete the study plan to the best of our ability with our child.

Signature of Parent/Guardian	Date
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Principal's Signature of Approval to Excuse Student and Certification That Program of Study Was Assigned	Date
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Cc: Parent (copy)
SIS Month End File (copy)
OSR (original filed in OSR when student returns)