

**Caledonia Sr. Secondary School
Extended Absence Notification and Acknowledgement of
Responsibility Form**

This form should be completed no less than two weeks prior to dates of absence.

Student Name: _____

Dates of Absence: _____

Reason for Absence: _____

Block	Course/Teacher	Course Work Options	Teacher signature
A			
B			
C			
D			
Outside Timetable			

I recognize that:

- I am responsible for all learning/work missed during my absence.
- I will have to spend time outside of class to make up for learning/work missed during my absences.
- There may be some activities or assessment of learning that I am not able to make up, which may have a negative impact on my academic standing in my courses.

Signed: _____
Student
Parent

Once complete, please bring this form and meet with Mr. Hollett or Mr. Axelson in the office.

1. Attendance
2. Counsellor
3. Mr. Hollett