

# Shaftesbury High School

2240 Grant Avenue, Winnipeg, Manitoba R3P 0P7 - TELEPHONE 888-5898 - FAX 896-5492

## Notification Of Intention To Be Absent

Name of Student: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

When a student plans to be absent from school for three or more days he/she is required to advise each of the subject teachers.

The decision to be absent is the responsibility of the student and the parent(s). The student must make arrangements to complete all work missed during the absence.

Parents/guardians are advised to consult with the school administration and/or subject teachers before the intended absence especially when the period of absence extends for more than a week.

Completed forms are to be returned to the office for the Principal's signature.

Period	Subject	Teacher's Comments and Signature
A		
B		
C		
C1		
D		
E		
E1		

Parents please sign and return to school after all the subject teachers have signed this form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Principal's Signature