



EXENDED VACATION ABSENCE NOTIFICATION FORM FIVE DAYS OR MORE

Dear Parent/Guardian:

It is our understanding that you are planning a vacation for more than 25 school days.
Please complete this form at least one week prior to your trip.

Student's Name: _____	Student Number: _____
Date of Birth: _____	Home Phone Number: _____
First Date of Vacation: _____	Last Date of Vacation: _____
Number of School Days Missed: _____	Present Grade: _____

BEFORE YOU PLAN YOUR TRIP

When planning an extended absence for vacation please contact the school *before finalizing* your trip. This allows you to discuss dates and the impact of the absence for your child. Please consider the following:

- School District policy states that schools may hold a student's space in a classroom for **up to 25 consecutive school days**. Students who are absent for more than 25 consecutive school days risk losing their space if it is required for new students. The school may deregister your child if the space is required for a new student.
- Your child's academic progress *may be affected by a lengthy absence*.
- Scheduling the trip to overlap with a school holiday, e.g. Spring Break, would lessen the number of school days your child(ren) will miss.*
- The school will not provide ongoing homework for your child during your absence. The school will make suggestions regarding your child's educational opportunities and activities during your absence.

Regards,

Mr. J.B. Mahli
Principal

Ms. Gro Averill
Vice Principal

Ms. Diane Christensen
Vice Principal



NORTH SURREY

Secondary School

Student's Name: _____ Student Number: _____

PLEASE ASK YOUR CHILD'S TEACHERS TO SIGN THIS FORM TO INDICATE AWARENESS OF YOUR FAMILY TRIP AND THEN HAVE THIS FORM SIGNED BY THE PRINCIPAL/VICE-PRINCIPAL.

BLOCK	SUBJECT	TEACHER	COMMENTS
A			
B			
C			
D			

PRINCIPAL/VICE-PRINCIPAL SIGNATURE: _____

I have read this form and understand the School District's policy and will ensure my child understands the responsibility associated with missing school.

Parent/Guardian signature: _____ **Date:** _____

Student's signature: _____ **Date:** _____

PLEASE RETURN THE COMPLETED FORM TO THE OFFICE