



## Extended Absence Form

Student(s) Name: \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_ Div. \_\_\_\_\_ Grade: \_\_\_\_\_

Last day in attendance at school: (Date) \_\_\_\_\_

Date of Return to school: (Date) \_\_\_\_\_

Reason for Absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note teachers are not required to provide schoolwork for student's extended absences. \*\*\*Please advise your child(ren)'s classroom teacher(s) of their extended absence.**

If not back by date indicated above, please indicate an e-mail address of friend / relative we can contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

Office Use Only

Date entered absence into MyEd \_\_\_\_\_