

NORTH ISLAND SECONDARY SCHOOL

Box 100
Port McNeill, B.C. V0N 2R0
Telephone: (604) 956-3394
Fax: (604) 956-2035

Principal:
Mrs. L. Deadman
Vice Principal:
Mr. J. Dixon

APPLICATION FOR EXTENDED ABSENCE

STUDENT'S NAME: _____ Grade _____ Date: _____

Student No. _____ From _____ To _____

TEACHERS: Please indicate YES or NO to whether the student can meet the instructional objectives of the class if he or she is absent for an extended period of time.

| | SUBJECT(S) | TEACHER | YES | NO | TEACHER INITIAL |
|---------|------------|---------|-------|-------|-----------------|
| Block A | _____ | _____ | _____ | _____ | _____ |
| Block B | _____ | _____ | _____ | _____ | _____ |
| Block C | _____ | _____ | _____ | _____ | _____ |
| Block D | _____ | _____ | _____ | _____ | _____ |

Student Directions: Please take this form to each of your teachers, have your parents sign below and return it to the office.

To Parents and Students:

North Island Secondary does not sanction the absence of any student during the school year for any reason other than illness and bereavement.

If a student is absent, he or she is responsible for arranging for make up work at the convenience of the teacher. In addition, if the student is enrolled in a class which requires active participation, the student's grade may be adversely affected. I understand the school's policy and will assure that my son/daughter accepts the responsibility for the absence.

Reason for application for Extended Absence:

Parent Signature: _____
Administrator's Signature: _____