



Clavet Composite School

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Pursuing success for all

A respectful community of life long learners

NOTIFICATION OF EXTENDED PERIOD OF ABSENCE FROM SCHOOL

Student: _____ Grade: _____

Absent from date: _____ To date: _____

Reason for absence: _____

Teachers please indicate below:

1. the expectations that you have for the student prior, during and after the absence to be successful in your course.
2. if possible, the effect this absence could have on student progress in your course.

1. Course: _____ Teacher's Signature _____

2. Course: _____ Teacher's Signature _____

3. Course: _____ Teacher's Signature _____

4. Course: _____ Teacher's Signature _____

5. Course: _____ Teacher's Signature _____

6. Course: _____ Teacher's Signature _____

An extended period of absence from school could have an adverse effect upon the student's achievement. Hence, it is important that the student and parents are aware of potential consequences and responsibilities pre and post absence. The student is asked to personally contact all subject teachers to understand all implications.

Parent comments

Parent's Signature: _____

Please return this form to the office before the absence begins.

Date returned: _____

Signature of Administration: _____