

# WESTSIDE SECONDARY SCHOOL

**PLEASE NOTE: THIS FORM IS NOT VALID DURING THE LAST TWO WEEKS OF A SEMESTER**

**Request for Temporary Withdrawal from School. Please be advised that extended absences are not recommended and almost always have a negative impact on overall achievement. Absences greater than 15 days may result in student being removed from the class. Any medical absences longer than one week will require a Doctor's note.**

**NAME OF STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

First Day of Absence: \_\_\_\_\_ Last Day of Absence: \_\_\_\_\_

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

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

Teacher Signatures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Note:**

**All work provided by the teacher must be completed upon return to school. The teacher will determine whether tests or other evaluations conducted during the period of absence will be written by the student upon return.**