Mount Sentinel
Secondary School

PO Box 99, 1014 Playmor Road, South Slocan BC V0G 2G0
Tel 250.359.7219 **mtsentinel.sd8.bc.ca**

EXTENDED ABSENCE FROM SCHOOL

It is important for our school to know when students will be absent, including but not limited to, extended absences. **Extended absences are those that are 3 days or more in length**.

Please note that extended absences are likely to impact students' education due to missed instruction, the social nature of learning, hands-on learning experiences, timely assessments, and safety demonstrations.

Parents/Guardians, please complete the **Extended Absence Form** on the next page and submit to Principal, Shellie Maloff, by email at **shellie.maloff@sd8.bc.ca** - or by delivering a hard copy to the office.

For known extended absences of 5 or more days, please be sure to submit this form at least two weeks in advance

For an extended absence due **to injury, illness, or emergent family issues,** Academic Counsellors & Administration will work with Classroom Teachers, Inclusion Support Teachers, and our School Based Team to determine an interim plan to reduce the impact on the student's education. These plans will be determined on a case-by-case basis.

For an extended absence due to **family holidays or vacations when school is in session**, please note that classroom teachers are not obligated to provide work and/or pre-teach or post-teach materials. Although we do use many online tools to support student learning, our classes are not intended to be delivered remotely. Therefore, achievement and academic standing will likely be impacted.

This form is not required for curricular or extra-curricular field trips.

Please visit the following for more information.

- School District 8 POLICY 320: Student Attendance
- School District 8 Administrative Procedure 320.1

Respectfully,

Shellie Maloff | Principal
Mount Sentinel Secondary School
Email: shellie.maloff@sd8.bc.ca

EXTENDED ABSENCE FORM

Student Name: _____

Grade: _____ 7 _____8 _____ 9 _____10 _____11 _____12

Parent/Guardian Name: _____

Parent/Guardian Contact (email and phone):

Phone: _____ **Email:** _____

Dates of Absence: _____

Reason for Absence (please check off below)

- ☐ Medical
- ☐ Emergent Family Issue
- ☐ Vacation
- ☐ Other

Explanation for Absence:

_____
_____
_____
_____
_____

Block	Class & Teacher's Name	Teacher's Signature

_____

Parent/Guardian Signature

Date: _____

Principal Signature

Date: _____