

Parent/Guardian Request:

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STUDENT MISSING SCHOOL TIME **Information and Conditions**

NOTE – THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE OFFICE 2 (TWO) WEEKS PRIOR TO DEPARTURE

Due to the ongoing enrollment pressures across the Langley School District, the District is unable to guarantee spaces for students who choose to take an extended leave from their school.

Date:

My child	(Student #)	in Grade	_
will be missing school for the	following period: from		to	_
I understand that it is my priv	ilege to take my child out of so	chool for reasons I	determine to be appropr	iate.
I acknowledge that my child n	nay:			
Not pass the courses f	or which he/she is registered o	during the time for	which he/she is out of so	chool.
• Lose his/her space in t	his school if the absence is mo	ore than 25 consec	utive school days (the las	t day of
school before a sched	uled break and the first day of	school after a sch	eduled break are conside	red
consecutive).				
Be put on a waiting lis	t for re-enrolment at this scho	ol, dependent on s	student numbers in the so	chool at
the time of the absence	e.			
Parent/Guardian S	Signature	Prir	ncipal Signature	
Parent/Guardian I	 Name	Prir	ncipal Name/School	