## THE DR. G.W. WILLIAMS S.S. EXTRAORDINARY ABSENCE REPORT (RETURN COMPLETED SHEET TO ATTENDANCE OFFICE)

STUDENT'S NAME:				HOME ROOM:	
DATE OF ABSEN	ICE:				
REASON FOR A	BSENCE:				
(Have teachers c	omplete this portic	on of form)			
COURSE	GRADE/LEVEL	CURR. MARK	ABS. TO DATE	DUE DATE/ASSGTS	TEACHER SIGNATUR
TO THE PARENT	S/GUARDIANS:				
				pt in the case of illness. Par dance and success in school	
determine his/her		his/her courses and	l obtain any assignn	achers before hand-in, in o nents that will come due du	
b) assigi c) tests	nments must be sub missed may receive	mitted on time to be a mark of '0'	e eligible for grading	s covered during his/her ab , in no credit being granted.	sence
,	TIONS (Please rea			3 3	
If this application i	s for an absence at	the end of a semes	ter:		
Final Example 5	mination Schedule. who are having diffic at they run the risk o	All students must woulty with a subject a	rite these examinat and are achieving a	dates and at the times indictions. minimum passing standard in that subject is not complete.	l, should
<ul><li>c) It is possil earned ha</li></ul>	ble that the passing	to complete the sen		an that which the student co also possible that early leav	
	ent who does not writ g the final mark in t		receive an exam ma	ark of "0", which will be use	d when
Parent/Guardian [	Declaration:				
I/We have read ar school as indicate		pove statements and	d I/We will be proce	eding with the planned abso	ence from
Parent/Guardian S	Signature		Dat	re:	
Administrator's Signature indicate	gnature:es receipt but does n	ot indicate approva	Da	te:	