



Legacy Public School

61 Russell Jarvis Drive
Markham, ON,
L3S 4B1

Tel: (905) 472-4764
Fax: (905) 472-2322
Website: www.legacy.ps.yrdsb.edu.on.ca



Student Absence Notification Form

This is to notify Legacy Public School that my son/daughter will be absent from school.

Student's Name: _____

Grade: _____

Teacher's Name: _____

Dates of Absence: _____

Reason for Absence: _____

Date Returning to School: _____

If the absence is extended for any reason, I will notify the school in writing.

My son/daughter will not be attending another Ontario school during this absence.

I understand that my son/daughter will be removed from Legacy's register if I have not notified the school of my child's absence after a period of 15 days.

Parent's Signature

Date