

Day 2

PLANNED ABSENCE SLIP

Student Name		Grade	
Has permi	ssion to be absent fro	m school from	
		ТО	inclusive
Starting Date		Ending Date	
Reason			
Parent's Signature		Date	
assignmen	ts to complete on his	class/club activity for this /her own during this time.	
	lrıp	Club Teacher's	Signature:
	List classes to be missed:	Teachers' signature:	Assignment:
Day 1			
Day 1			

AST Divisional Principal _____ Date____ This form must be signed by the Secondary Principal on C2F and teachers three days before the planned absence. Then it must be returned to Registrar Ms. Claire on C2F at Upper Level Library. Thank you!

*A copy of this form can be obtained from AST Website -> Community > Form