

# EXCUSED ABSENCE REQUEST

## (Side 1 of 2) – Pre-Approval

Contact the Records Office directly for illness, medical appointments or death in the family.

**Instructions:** Please complete side 1 for pre-approval. Once approved complete side 2 & submit to Records Office one week in advance so arrangements can be made for assignments.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Requested Date(s) of Absence: \_\_\_\_\_

What TIME are you leaving: \_\_\_\_\_ am/pm

What TIME are you returning: \_\_\_\_\_ am/pm

Reason for Absence: \_\_\_\_\_

### SCHOOL CONCERN

Kingsway College seeks to help students be successful in school now and in jobs in the future by requiring regular attendance and punctuality. Progress in school and success in daily learning activities are directly related to a student's presence in class. Therefore, the following concerns are outlined:

- Students who miss classes will suffer a loss that cannot be entirely regained and may thus receive lower marks because participation and achievement cannot be fully assessed.
- Teachers will do their best to provide work missed due to excused absences, but completing the missed work in a reasonable amount of time is the student's responsibility.
- It is understood that some in-class and performance work cannot be made up.

### PARENTAL ACKNOWLEDGEMENT

"I have read and understand the concerns which school administration has expressed regarding the number of absences my child will accumulate as a result of this request. We take full responsibility for any work missed and acknowledge that student learning and resulting achievement may be adversely affected."

Parent's Phone Number(s): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Only the REASON has been approved once the signature below has been obtained.

\_\_\_\_\_  
Registrar's Signature Date: \_\_\_\_\_

**Once side 1 has been approved, complete side 2 for final approval. 😊**

Registrar – Erin Mortenson  
[erinmortenson@kingsway.college](mailto:erinmortenson@kingsway.college)  
905-433-1144, Extension 206

V.P of Academics – Ms. Denean Sabot  
[deneansabot@kingsway.college](mailto:deneansabot@kingsway.college)  
905-433-1144, Extension 204

# EXCUSED ABSENCE REQUEST

(Side 2 of 2) – Final Approval



\_\_\_\_\_  
VP of Academic's Signature – pre-approval granted

Date: \_\_\_\_\_

**ONLY proceed when Registrar has signed above...thank you!**

_____ Course	_____ Teacher's Signature
_____	_____
_____	_____

_____ Course	_____ Teacher's Signature
_____	_____
_____	_____

_____ Course	_____ Teacher's Signature
_____	_____
_____	_____

_____ Course	_____ Teacher's Signature
_____	_____
_____	_____

_____ Course	_____ Teacher's Signature
_____	_____
_____	_____

**DON'T FORGET  
THESE...**

Dean's Signature: \_\_\_\_\_

Work Supervisor's Signature: \_\_\_\_\_

Return this form to the Records office once your teachers have completed the above.  
Thank you.

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_