

Regina Roman Catholic School Division
Secondary Attendance Practices
Extended Period of Travel Support Form

This form must be submitted to the Dr. Martin LeBoldus High School main office as soon as possible and no later than two weeks before the absence will occur.

Please complete all portions of this form.

Date: _____

Student Name: _____ Grade: _____

Dates to be away: _____ Number of School Days Absent: _____

***** Please note that family vacations do not meet the criteria for the Prior Knowledge Application for Exemption process with our attendance committee.**

EXTENDED SCHOOL ABSENCE

A. BEFORE I LEAVE, I WILL:

- Inform each teacher about the dates of my absence at least 10 days in advance of my departure
- Provide my email address or other contact information to the teacher.
- Ask each Teacher whether any assignments could be completed before I leave on the trip.
- Ask each Teacher whether any assignments could be completed while I am away for the trip.

Find a “buddy” within each class,

- obligate him/her to provide information about what is happening in the class
- utilize him/her for information about assignments
- obtain the buddies email number, MSN contact or phone number
- obtain the school email address/fax number to send completed assignments

B. WHILE AWAY I WILL:

1. Continue with my studies by:
 - Contacting my buddy about the class, either daily or every second day.
 - Completing any assignment I have taken with me.
 - Completing any assignments I have received since my arrival.
 - Studying for any exam missed during my absence.
2. Either fax or email (to my teacher or school) each designated assignment **as I complete them.**

C. WHEN I RETURN I WILL:

- Understand that my teacher is not obligated to provide extra tutoring to allow me to “catch up”. (Tutoring options may need to be considered.)
- Hand in any completed assignments (only if prearranged with the teacher) by the second day of my return.
- Write any missed exams within 6 school days of my return.
- Accept a mark of zero on any assignment or exam that I fail to complete according to the above criteria.

The following information must be completed prior to returning the form to the office

	Teacher Name	Buddy Name	Buddy Email	Teacher Signature
Period 1				
Period 2				
Period 3				
Period 4				
Period 5				
Other				

Student Signature

Parent Signature

Date

Date

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August 2009