

Date

## Bracebridge and Muskoka Lakes Secondary School

100 Clearbrook Trail Bracebridge, ON P1L 0A3

Principal: Geoff Corbett

Trustee: Esther Childs

Phone: 705-645-4496 Fax: 705-645-2552 Email: infobml@tldsb.on.ca

## **EXTENDED ABSENCE FORM**

Please complete and re copy.	eturn this form to the att	endance office <u>before</u> you leave. You should receive a
STUDENT NAME:		
DATES OF ABSENCE:		
REASON FOR ABSENC	E:	
COURSE & TEACHER	TEACHER SIGNATURE & DATE	SOLUTION FOR MISSED COURSE WORK
However, it will (in mos	st cases) be possible to r	ion component of the courses for the absence period. egain lost marks if the work has been completed to the it may not be possible to make up all of the missed course
f there are any questio	ons or concerns about th	e above arrangements, please call the principal.
acknowledge and agre	ee to the above solution	S.

Signature of Parent/Guardian