

Parent/Guardian Request Date: _____

I

STUDENT MISSING SCHOOL TIME **Information and Conditions**

NOTE – THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE OFFICE 2 (TWO) WEEKS PRIOR TO DEPARTURE

Due to the ongoing enrollment pressures across the Langley School District, the District is unable to guarantee spaces for students who choose to take an extended leave from their school.

My child	(Studen	t#)	in Grade	
will be missing school for the follo	owing period: f	rom		to	
I understand that it is my privilege	e to take my child o	ut of school for	reasons I d	etermine to b	e appropriate.
I acknowledge that my child may:					
Not pass the courses for w	hich he/she is regi	stered during the	e time for v	which he/she i	s out of school.
• Lose his/her space in this	school if the absend	e is more than 2	25 consecu	tive school da	ys (the last day of
school before a scheduled	break and the first	day of school af	fter a sched	duled break ar	e considered
consecutive).					
Be put on a waiting list for	re-enrolment at th	is school, deper	ndent on st	udent number	s in the school at
the time of the absence.					
Parent/Guardian Signa	ature		Princ	ipal Signature	
Parent/Guardian Nam	ne		Princ	ipal Name/Sch	