



# GLADSTONE SECONDARY SCHOOL

## Extended Student Absence Form

Any absence longer than 10 school days is considered an Extended Absence.

If students will be away from school on an Extended Absence because of non-medical reasons, families must complete this form for each student who will be absent. **This form must be returned to the student's counsellor.**

Families needing help with translation can consult the following:

Chinese: Audrie Leung, [aaleung@vsb.bc.ca](mailto:aaleung@vsb.bc.ca)

Spanish: Claudia Sandoval, [csandoval@vsb.bc.ca](mailto:csandoval@vsb.bc.ca)

Korean: Sharmain Kim-Oh, [skimoh@vsb.bc.ca](mailto:skimoh@vsb.bc.ca)

Vietnamese: Chung Tran, [ctran@vsb.bc.ca](mailto:ctran@vsb.bc.ca)

Tagalog: Liza San Pascual, [lsanpascua@vsb.bc.ca](mailto:lsanpascua@vsb.bc.ca)

### Guardian Section

By completing this form the parent/guardian acknowledges and accepts the following:

- Students will be given opportunities to make up missed assessments where appropriate during FIT upon their return. However, the responsibility for taking a student out of school and any resulting consequences in possible learning loss must rest with the student and guardians.

Guardian's Initials \_\_\_\_\_

- Teachers cannot be expected to make special arrangements for distance learning and assessment. Special online courses or packages will not be developed for off-site students.

Guardian's Initials \_\_\_\_\_

- Absences longer than 6 weeks may result in a situation where approximately one third of the semester will have been missed and switching to Vancouver Learning Network courses online may be most appropriate.

Guardian's Initials \_\_\_\_\_

- I have emailed [gladstone@vsb.bc.ca](mailto:gladstone@vsb.bc.ca) with the following information:

1. First, last name and grade of each student
2. Dates to be missed
3. Reason for absence(s)

Guardian's Initials \_\_\_\_\_

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

Guardian's Name: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

**Student Section**

By completing this form the student acknowledges and accepts the following:

- I am responsible for all learning I miss while I'm away.

**Student's Initials** \_\_\_\_\_

- My teachers can help me in FIT when I return, but my teachers cannot be expected to make separate online or paper courses for me or reteach every day of class that I miss.

**Student's Initials** \_\_\_\_\_

- I have informed my counsellor.

**Counsellor's Name:** \_\_\_\_\_

**Student's Initials** \_\_\_\_\_

- I have had a conversation with each of my teachers to explain my plan to achieve success in the course despite my absence.

**Student's Initials** \_\_\_\_\_

| Period | Teacher | Plan for Success | Teacher Initials |
|--------|---------|------------------|------------------|
| 1      |         |                  |                  |
| 2      |         |                  |                  |
| 3      |         |                  |                  |
| 4      |         |                  |                  |