## **Jack Donohue Public School**



101 Penrith Street Kanata, ON K2W 1H4

Phone: 613-271-9776 Fax: 613- 271-7331



Date:		
If a student is absent from school for an extravelling out of the country, illness etc), a	tended period of time, it is important for us to kno and the expected date of return.	w the reason (i.e.
more consecutive school days must be rem.  1. Written confirmation of absence from the confirmation		
3. Assignments have been provided to	o the student (please contact your child's teacher)	
Junior and Senior kindergarten students ab register as these are not mandatory attenda	esent for 15 or more school days will be removed funce grades.	rom the school
Please fill out the section below and return ************************************	to the school prior to the absence.	******
This is to advise you that my child(ren):		
(Student's Name)	(Teacher's Name)	
(Student's Name)	(Teacher's Name)	
(Student's Name)	(Teacher's Name)	
will be absent from school starting on	and will return to	
	(First day of absence)	
Jack Donohue PS on	·	
Reason for absence:		
The student(s) will be provided work during	ng this absence.	
Signature of Parent/Guardian	Signature of Prince	 cipal

Please note: If your child's absence extends past the date of return, you are required to notify the school. If contact cannot be made, your child will be removed from the school register of the 16th day of the absence and the registration process will need to be completed upon return to school.