



Collège Béliveau

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Winnipeg, MB R2J 1M7
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www.lrsd.net/schools/CB

Student Leave of Absence Notification

Name _____ Grade _____

Departure Date _____ Return Date _____

Reason for Absence _____

1. I accept the responsibility to ensure that all missed work (assignments, tests, presentations, etc.) is completed by the agreed upon date.
2. I understand that I will need to meet with my teachers prior to my departure to inform them of my upcoming absence and to establish deadlines for missed work.
3. I understand that missing several classes within a semester may have a negative impact on my academic progress.
4. I understand it is my responsibility to obtain missed notes, etc. from a classmate as it is not the teacher's responsibility to ensure I have all information that I will miss because of this leave.

	Subject	Required Assignments	Deadlines	Teacher Signature
A				
B				
C				
D				
E				

*Special permission is required from the school administration for all absences during the final exam period.

Student Signature

Parent Signature

Date

Administrative Signature