



JRHS Sport-Études / Concentration SPORT ABSENCE FORM



NAME OF STUDENT: _____ **HOMEROOM:** _____

DATE AND LOCATION OF COMPETITION: _____

- INSTRUCTIONS:** 1) Speak with the teachers whose classes you are going to miss – fill out form – ask all teachers’ signature
 2) Get a parent’s signature. Sign.
 3) Make photocopy or take a picture – return original to the reception office prior to your absence.

NAME OF TEACHER AND SIGNATURE	WORK TO BE COMPLETED WHILE AWAY	WORK TO BE MADE UP AFTER ABSENCE AND DUE DATE	DATES OF PED SUPPORT TO COVER MISSED CLASSES OR TESTS
English			
Math			
Français			
Science			
Social Studies			
Art			
Physical Education			

Parental signature: _____

Student signature: _____

**** This form is not to be used for vacation ****