



ST. BRIGID CATHOLIC SCHOOL

50 Broom Street
Ayr, Ontario N0B 1E0
Telephone **632-5101** Fax **632-5131**

NOTICE OF INTENT TO BE ABSENT

Please note that I am withdrawing _____
(son/daughter's complete name)

For the period _____ to _____
(1st school day missed) (date of return to school)

for other than medical reasons.

I will take full responsibility for his/her absence from school and for any work or tests missed during the period of absence.

It is my intent to have my child return to this school at the completion of the timeline noted.

Date: _____
(Signature of Parent/Guardian)

(Principal's Signature)

Note: when the student returns, the total number of days he/she was withdrawn should be recorded below.

Number of days withdrawn: _____

Copies: 1) Principal (file) 2) Student's teacher