

CERTIFICATE OF EXEMPTION FOR EMPLOYMENT – EXTENDED ABSENCE

*Please fill out all boxes completely.

		<u> </u>		
Student Name:	Date of Birth:	Grade:	Date:	
Parent/Guardian Name:	Home Address (hous	Home Address (house number, road, city, province, and postal code):		
dieni, Gaaraian Name.	the state of the s			
Phone Number:				
Calcad Names	Date of Last Day of	Data of Batum	n to Cobooli	
School Name:	Date of Last Day of School:	Date of Retur	n to Schooi:	
Reason for Absence/Application:				
Name of Employer (if employmen	t is during school hours):			
*Educational plan while you are a	way from school:			
*As part of the school board's ev the school principal or designate		ces for the request, scl	hool board staff will consult	
**If a student is not working on a		icipated absence, e.g.	bad weather prevents	
fishing, the student is expected to ***If the student stops working f		this cortificate that st	udont must roturn to	
school.	or the employer named in	this certificate, that st	udent must return to	
 Student's Signature			 Date	
Student's Signature			Date	
Parent/Guardian's Signature			Date	
Regional Executive Director of Education Signature			 Date	