



WESTWOOD COLLEGIATE  
POWER & RESPONSIBILITY

## Assessment Week Absence Eligibility Form

To be completed and returned to the school office a minimum of two weeks prior to Assessment Week

Student Name \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Purpose of Absence \_\_\_\_\_

Class	Teacher Name	Scheduled Assessment Date	Teacher Signature	Conflict Assessment Date (office use only)

Parent Signature (Required) \_\_\_\_\_  
(Parent to sign before Administration)

Administration Signature \_\_\_\_\_