



As outlined by the MEES in the Back to School Plan (20-21), attendance is compulsory at both elementary and secondary schools. Some students may be exempt from attendance at their school, if they have a particular medical condition that renders them vulnerable to COVID-19; OR if they live with a family member who is vulnerable to COVID-19. Students attending the Distance Learning will "attend" on a full-time basis with the goal of completing the appropriate grade/cycle level or program competencies. The distance learning model may require parent support, as appropriate.

**Parents wishing to request this type of exemption, must complete this form and return with a medical note/certificate (via scan) to [wqstudentexemption@wqsb.gc.ca](mailto:wqstudentexemption@wqsb.gc.ca). Alternatively it can be printed and mailed to WQSB (attn. Lisa Falasconi, Director of Complementary Services)**

STUDENT'S NAME:	SCHOOL :
PARENT/GUARDIAN NAME:	PRESENT GRADE LEVEL: PROGRAM (REGULAR, MODIFIED, LIFESKILLS):
PHONE NUMBER:	IEP: YES/NO (PLEASE CIRCLE)
EMAIL ADDRESS:	

## REASON FOR REQUEST:

**THE BASIS OF THIS REQUEST IS:**      **PERSONAL MEDICAL CONDITION/VULNERABILITY  
MEDICALLY VULNERABLE HOUSEHOLD MEMBER**

**ADDITIONAL DOCUMENTATION INCLUDED:**      **MEDICAL NOTE**

**A MEDICAL CERTIFICATE MUST BE ATTACHED TO THIS REQUEST FORM.**

Please consult with your child's (or the family member's) medical professional to determine if your child's medical needs support the need for an exemption from compulsory physical attendance at school. A medical certificate must be attached. In the case of a family member living with the child, please consult and seek a medical note to support this. (as also noted, you are encouraged to allow your children to return to class in person, if this is possible, to support their wellbeing)

**OTHER RELEVANT INFORMATION (PLEASE NOTE ANY OTHER INFORMATION YOU WISH TO SHARE)**

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I understand that this request is effective for the duration of the pandemic, unless Public Health directives provide new/changes to the current recommendations. Any changes, may require further consideration of the present model of delivery of educational and Complementary Services.

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PARENT/GUARDIAN FULL NAME

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PARENT/GUARDIAN SIGNATURE

DATE: