

LEAVE OF ABSENCE REQUEST FORM

This form is to be completed by the parent / guardian / designated responsible adult when advanced permission is being requested for a student to be absent from school.

Notes: This form is to be completed for each student requesting a Leave of Absence and is to be handed in (in normal circumstances) to the appropriate Vice Principal at least 21 school days in advance of the Leave of absence.

The Form with the School Decision will be available for collection 3 working days after it has been submitted.

Student details:	
Full name:	
Date of birth:	
Nickname (if any): Cla	ss / Form:
Parent/carer details:	
Full name:	
Relationship to student:	
E-mail:	
Mobile:	
Deteile	
Details Nesses state the masses for telding your shild out of selection	
Please state the reason for taking your child out of school:	
Length of absence (number of school days):	
Length of absence (number of school days): From (Date): To (Date)	
	e):
Parent/carer signature: (This has to be signature of a responsible adult who lives with the student	e):
Parent/carer signature: (This has to be signature of a responsible adult who lives with the student	e):
Parent/carer signature: (This has to be signature of a responsible adult who lives with the student	e):and / or has day-to-day care of the student)
Parent/carer signature:	e): and / or has day-to-day care of the student) Checklist (for school use)
Parent/carer signature:	e): and / or has day-to-day care of the student) Checklist (for school use) Class teacher/ form tutor
Parent/carer signature: (This has to be signature of a responsible adult who lives with the student OR OFFICIAL USE	checklist (for school use) Class teacher/ form tutor informed