



Application for Leave

To be completed by the student's Parents/Guardians
This form must be submitted 4 weeks prior to the period of leave.

Please complete the table below with details of all students associated with the period of leave:

	Family name	Given name	Date of birth	Class
1				
2				
3				
4				
5				

Dates of intended leave from: ____/____/____ to: ____/____/____ inclusive Total

number of school days: _____

Reason for leave:

All applications for leave are considered against what is deemed to be in the best interests of the child. Please tick one box below.

Family holidays during school term	<input type="checkbox"/>
Other exceptional circumstance	<input type="checkbox"/>

Please provide more detail about the reason for the application for leave here:

Note: Where the reason for leave includes long term travel arrangements of more than 10 school days, copies of travel documentation should be included with the application. Where requests for leave involve extended holidays, it is unlikely that subsequent similar requests will be granted.

I have checked the College Calendar/Assessment Booklets regarding both events and all learning activities and have identified what will be missed. **Note:** It is critically important for Senior School students to identify all common assessment tasks that are due during the period of leave. Where set tasks are missed due to leave, it is the responsibility of students to make arrangements with teachers for how and when the tasks will be completed.

During the absence my child will miss the following events and learning activities:

Details of prior/current leave absences within this present academic year (if applicable)

Date of prior/current leave absence from: ____/____/____ to: ____/____/____

Number of school days: ____

Copy of prior approvals attached: (Please tick one box) Yes No

PARENT/GUARDIAN DETAILS

Family name: _____

Given name(s): _____

Address: _____

Telephone number: _____

Relationship to student: _____

As the parent of the above-mentioned student, I hereby apply for extended leave. I understand that if the leave is granted:

- I am responsible for his/her supervision during the period of leave
- The leave is limited to the period indicated

Signature of applicant/s: _____ Date: ____/____/____

Office Use Only:

JS Approved:	Mrs Jenny Squire	Signature: _____	Date: ____/____/____
SS Approved:	Mr Steve Owen	Signature: _____	Date: ____/____/____
Approved:	Mrs Naomi Wilkins	Signature: _____	Date: ____/____/____

Update Edumate Notify relevant staff Scan to student's file on Edumate