



Application for Extended Leave of Student

All sections are to be completed before the form is submitted to the office.

Parent/Caregiver Full Name: _____ Telephone: _____

Student Name	Class	Teacher's Signature <small>Indicates absence has been discussed with the class teacher</small>

Commencing Leave on: Day _____ Date _____

Returning to School on: Day _____ Date _____

Total School Days Absent: _____

Please state the reason for the absence:

Parent/Caregiver Signature: _____ Date: _____

Please submit this form to the office once all sections above have been completed, including teacher signature/s.

Office Use Only Date Received: _____

Principal's Signature: _____ Date: _____