



PRIMARY STUDENTS APPLICATION FOR EXTENDED LEAVE

This form is to be Completed if a student is applying for leave of more than 5 days.

Student Details

Student Name: _____ Date of Birth: ____ / ____ / ____

Year Level: _____ PC Class: _____

Dates of extended leave applied for: ____ / ____ / ____ to ____ / ____ / ____

Number of School Days: _____

Reason For Application For Extended Leave (Please tick)

Important Family Matter ☐

Representation (sporting, arts, etc) ☐

Travel ☐

Other ☐

Please provide more detail about the reason for the Application for Extended Leave here:

NOTE: Where the reason for application for extended leave includes long term travel arrangements, of more than 20 school days, copies of travel documentation should be included with the application.

Signatures

Parent Name: _____ Parent Signature: _____

Date: ____ / ____ / ____

	Signature	Date
Class Teacher		
Director of Primary		

Request for leave forms must be submitted to the Principal

Request for leave	☐ Granted	☐ Declined
Principal Signature:		Date: