

## Learning ~ Living ~ Leading

## SECONDARY 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 Leav	ve (Please tick)			
Important Family Matter				
Representation (sporting, arts, etc)				
Travel				
Other				
Please provide more detail about the reason f	for the Application for Extended Leave here:			
· ·	xtended leave includes long term travel arrangements, locumentation should be included with the application.			
Parent Name:	Parent Signature:			
Date:/				
Student Name:	Student Signature:			
Date: / /				

Our Purpose

We seek to grow each student to become a person of character who is inspired by excellence and adaptability, whose life is modelled on that of Jesus, and who, through courage, creativity, compassion and citizenship, strives to create a better world.

## <u>Instructions</u>

STUDENT NAME:
School. The form should then be handed into the College Administration Office, for assessment be the Principal. If approved, a certificate will be issued prior to the period of leave.
This form must be signed by each subject teacher, PC teacher and the Director of the Secondar

Work Required	to be Complete	<u>d</u>				
to inform them o	f the request for egister below on	extended leave and co	ollect any work	or asse	f their subject teachers essment required to be tting an Application for	
Subject	Work required				Teacher signature	
		Signature		Date		
PC Class Teacher						
Director of Seco	ndary					
Request for leav	ve forms must b	e submitted to the P	rincipal			
Request for leave		☐ Granted		☐ Declined		
Principal Signature:				Date:		