



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 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.

Parent/Student Signatures

Parent Name: _____ Parent Signature: _____

Date: _____

Student Name: _____ Student Signature: _____

Date: _____

Instructions

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

STUDENT NAME: _____

Work Required to be Completed

Students in Years 7 through to 12 seeking extended leave must contact each of their subject teachers to inform them of the request for extended leave and collect any work or assessment required to be completed. The register below on this form must be completed prior to submitting an Application for Extended Leave to the Principal.

Subject	Work required	Teacher signature

	Signature	Date
PC Class Teacher		
Director of Secondary		

Request for leave forms must be submitted to the Principal

Request for leave	<input type="checkbox"/> Granted	<input type="checkbox"/> Declined
Principal Signature:		Date: