APPLICATION FOR A STUDENT TO BE ABSENT FROM SCHOOL FOR AN EXTENDED PERIOD (WHICH IS NOT HEALTH RELATED)

Dear Parents,

As stated in the School Education Act 1999, it is expected all students should attend school for each day that it is open for instruction unless unwell and/or physically incapable of attending.

The Act also states parents need to obtain permission from the Principal for their child/children to have a leave of absence from school for an extended holiday or for any other reason other than health related.

Parents are asked to please use this form to request an absence for your child/children from school to participate in a holiday or other activities. This form should be submitted for approval at least one month prior to the requested departure from school (except in extenuating circumstances).

Please note
- It is the responsibility of parents to ensure they have informed their child’s class teacher of the absence. It is not the responsibility of staff members to provide any lesson materials for students taking an extended holiday/period of leave. We recommend students continue with their reading and keep a journal.
- Missed assessments and absence from the class teaching programme may have a detrimental effect on a child’s academic progress and learning which may result in a lower than expected report grade.

First Name __________________  Surname __________________

Class Teacher _________________   TA __________

I would like to request an extended leave of absence from classes at Goollelal Primary School for a total of ________ days on the following days and dates:

Commencing Leave on: Day ___________    Date _________________

Returning to School on: Day ___________    Date _________________

Please state the reason for this application:
_________________________________________________________________
_________________________________________________________________

Parent Signature ___________________________   Date ___________

Email __________________________________  Phone ____________

Please sign and submit this form to the Principal, Greg Clarke. A copy of this form with the Principal’s response will be emailed to you for your records.

This request has been:  ☐ Approved   ☐ Declined

Mr Greg Clarke ___________________________