EXTENDED PERIOD OF ABSENCE
APPLICATION FORM
(3 school days or more)

Date: _____/_____/_________  Start Date: _____/_____/20___
End Date: _____/_____/20___

Name: __________________________

Home Phone Number: __________________________

Mobile Number: __________________________

E-mail Address: __________________________

TYPE OF REQUEST

☐ Family Holiday  ☐ Medical  ☐ Overseas Business

☐ Sporting Trip  ☐ Other: __________________________

Please describe nature of the extended leave requested:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

All applications for extended absences will be reviewed by the Sub School Leader and Principal. This will be followed with direct communication with a parent or guardian.

Parent Signature: __________________________  Date: _____/_____/_______

For Administrative Use Only:  Date Received: _____/_____/_______

Action taken by Sub School Leader:

_________________________________________________________________________

Recommendation: __________________________  Date: _____/_____/_______

Action taken by Principal:

_________________________________________________________________________

Recommendation: __________________________  Date: _____/_____/_______