



Jacana School
for Autism
"Learning for Life"

**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:** ____/____/____