



Application for Extended Leave from Attendance at School

PART A - STUDENT DETAILS

Family name: _____ Given name(s): _____

Age: ____ Date of birth: ____ (dd) / ____ (mm) / ____ (year) PC Class: _____

Student's address: _____

_____ Postcode: _____

School name: Emmanuel Anglican College 62 Horizon Drive Ballina NSW 2478

Dates of extended leave applied for: ____ / ____ / ____ to ____ / ____ / ____

Number of School Days: _____

REASON FOR APPLICATION FOR EXTENDED LEAVE (Please tick)

Holidays/Travel/Family

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.

Student Signature Secondary Students only		PC Class Teacher Signature	
Parent Signature		Stage Co-ordinator's Signature	
Deputy Principal Signature			
Request for leave forms must be submitted to the Principal			
Request for leave	Granted _____	Declined _____	
Principal Signature		Date: _____	

