

# Learning ~ Living ~ Leading

### 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 Leav	ve (Please tick)
Important Family Matter	
Representation (sporting, arts, etc)	
Travel	
Other	
Please provide more detail about the reason f	for the Application for Extended Leave here:
· ·	xtended leave includes long term travel arrangements, locumentation should be included with the application.
Parent Name:	Parent Signature:
Date:/	
Student Name:	Student Signature:
Date: / /	

Our Purpose

We seek to grow each student to become a person of character who is inspired by excellence and adaptability, whose life is modelled on that of Jesus, and who, through courage, creativity, compassion and citizenship, strives to create a better world.

#### <u>Instructions</u>

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

## 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	☐ Granted	☐ Declined
Principal Signature:		Date: