



LEAVE OF ABSENCE APPLICATION FORM

Please complete, sign and return this form to the College at least ten days prior to your child's absence.
Please complete one form per child.

Student Details

Student Surname: _____
 Given Names: _____
 School Year/ Form _____

| | |
|----------|--|
| Benjamin | |
| Judah | |
| Naphtali | |
| Reuben | |

Parent/ Guardian Details

Name: _____
 Daytime Phone/ Mobile: _____
 Email: _____

Reason for Absence (please tick)

- Medical
- State/ National/ International Sporting
- Other (please specify)

Dates of Absence

From _____ To _____

Any relevant documentation attached? Y/N

Parent/ Guardian Signature

Please note: Absences from assessments for a non-medical reason will result a mark of zero, unless otherwise agreed to by the College. Students in Year 11 and 12 MUST produce a medical certificate for all absences on days where assessments have occurred.

I agree that I have read the above and will take full responsibility for my child's absence and any work missed. I acknowledge my responsibility to ensure my child makes an effort to catch up on any missed work.

Signature

Date

College Acknowledgment

Principal's Signature

Date

Admin Use Only

Parent/ Guardian advised of result on:
 Email Date _____
 Phone

Student contacted in person:
 Date _____

Implications discussed with parent *and* student

Additional Comments

- Accessed to missed work
- Missed assessments

- Student's teachers notified
- Attendance Officer/ Admin notified

Head of Primary/ Head of House signature

Date