

**APPLICATION FOR A STUDENT TO BE ABSENT
FROM SCHOOL FOR AN EXTENDED PERIOD.
(NON HEALTH RELATED)**

Dear Parents,

As stated in the School Education Act 1999, it is expected all students attend school for each day that it is open for instruction unless unwell and/or physically incapable of attending.

The Act also states parents need to obtain permission from the Principal for their child/children to have a leave of absence from school for an extended holiday or for any other reason other than health related.

Parents are asked to please use this form to request an absence from school to participate in a holiday or other activities. This form should be submitted at least one month prior to the requested departure from school, except in extenuating circumstances.

Please note:

- It is the responsibility of parents to ensure they have informed their child's class teacher of the absence.
- We recommend the following educational opportunities for your child/ren. Daily reading, writing journal, research project on the holiday destination, diary with photos, drawings, sketches and student writing, real life educational experiences such as reading maps, history, languages, science according to your destination.
- Missed assessments and absence from the class teaching program may have a detrimental effect on a child's academic progress and learning which may result in a lower than expected grade.

Student First Name/s	Student Surname	Class Teacher	Year Level

I would like to request an extended leave of absence from classes at Harrisdale Primary School for a total of _____ days			
Commencing Leave on	Day	Date	Year
Returning to school on	Day	Date	Year

Please state the reason for this application: _____

Please sign and submit this form to the office. A copy of this form will be returned to you for your records.

Parent Signature: _____

Date: _____

Phone: _____

Parent Email Address: _____

This absence is authorised and is recorded as 'V'		This absence is unauthorised and is recorded as a 'K'	
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Principal (or Nominee) _____

Date: _____