

Application for Student Leave

Submit to Secondary Principal Assistant at least 5 days prior to planned absence. Remember to complete the reverse side of this page.

			Date:	
I hereby apply	for student leave for	or my		
son/daughter _			in (grade
for the date(s)		t	imes: from	to
for the followin	g reason(s):			
Total absences	so far:	-		
responsible for a	hat, should this ap all subject matters an the time lost or the co	nd assessments	missed. The scho	ool cannot be held
teachers and red	at it is the responsib quest work/assignme ed before 09:00 on t	ents if applicable	. Any missed assi	
Parent signatu	re:			
For DIS use o	nly			
This leave is:				
□ approved	□ not approved			
Comments:				
Signature – P	rincipal:		Dai	te:



Teacher / Advisor Signatures and Comments

- ✓ Collect signatures from all subject teachers involved and your advisor.
- ✓ Submit form with all signatures to Secondary Principal Assistant.

Subject Teacher Signatures and Comments:

Subject	Teacher	Comments and/or Recommendations
Subject	reaction	Commence and, or recommendations

Advisory Teacher Signature and Comments:							