Application for Student Leave



Date: _____

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

| I hereby apply for student leave for my | | | |
|--|------------------------|----------|--|
| son/daughter | in 9 | in grade | |
| for the date(s) | times: from | to | |
| for the following reason(s): | | | |
| | | | |
| Total absences so far: | | | |
| I understand that, should this application be responsible for all subject matters and assessment responsible for the time lost or the consequence | ents missed. The scho | _ | |
| I understand that it is the responsibility of my teachers and request work/assignments if application must be submitted before 09:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the approximation of the submitted before 100:00 am on the submitte | cable. Any missed assi | | |
| Parent signature: | | | |
| For DIS use only | | | |
| This leave is: | | | |
| acknowledged | | | |
| Comments: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signature - Principal: | Dat | e: | |

Teacher / Advisor Signatures and Comments



- ✔ Collect signatures from all subject teachers involved and your advisor.
- ✓ Submit form with all signatures to reception.

Subject Teacher Signatures and Comments:

| Subject | Teacher | Comments and/or Recommendations | |
|--|---------|---------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Advisory Teacher Signature and Comments: | | | |
| | | | |
| Coordinator Signature and Comments: | | | |
| | | | |