**APPLICATION BY PARENT/CARER FOR CHILD’S LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME**

If you consider you have to take a holiday in term time, and that you have exceptional circumstances, please complete this form and return to the school at least 14 days before the date you wish to remove your child from school.

Student Name ............................................................................. Year Level ..............

Home Address.................................................................................................................

First day of absence ................................... Date of return to school .........................

Total number of days missed ...............................

Reason for absence ..............................................................................................................................................................................................................................................................................................................................................................................................................................

Date notified:-----------------------------------------------------------------------------------

Parent Signature ………………………………. Date ………………………

AUTHORISED:

Your request has been authorised for the following dates: \_\_\_/ \_\_ / \_\_ to \_\_ / \_\_ / \_\_

UNAUTHORISED:

Your request has been unauthorised for the following dates: \_\_\_ / \_\_ / \_\_ to \_\_ / \_\_ / \_

It is not considered that the circumstances you describe are exceptional. If you proceed to take the absence a Penalty Notice/s will be issued.

Signed ............................................................. Principal

Date \_\_\_ / \_\_\_ / \_\_\_