

FRESHWATER SENIOR CAMPUS

YEAR 11 AND 12

STUDENT APPLYING FOR EXTENDED LEAVE DURING SCHOOL TERM

Student Name _____ Year: _____

Start date: _____ Last day of leave: _____

Nature of leave: _____ Parent letter Attached: Yes / No

Number of school days absent: _____

Each teacher must sign this before leave application can be approved

<i>Subject</i>	<i>Teacher</i>	<i>Is there work to complete whilst absent?</i>	<i>Will assessments be missed due to absence?</i>	<i>Teacher's Signature</i>
English				

Note: Students who fail to complete an assessment task may have a mark of zero awarded.

Teachers: If you are concerned about this extended absence please refer to the Deputy.

Year Adviser Signature: _____

Deputy Principal Comment

Interview required with: ☐ Student - Yes / No ☐ Parent - Yes / No

Outcome / recommendation: _____

Deputy Principal's signature: _____ Date: ____/____/____

Leave approved (Principal): _____ Date: ____/____/____

Office Use Only:

☐ Copy to Lee Cooper

☐ Copy to student file