



# ST BEDE'S CATHOLIC COLLEGE

CHISHOLM

## APPLICATION FOR LEAVE UP TO TEN DAYS

This form is required to be completed in cases where leave of absence for a period of three or more school days is requested. This documentation is required to be completed by both the parent/caregiver (Part A) and the student (Part B) not less than one week prior to the first day for which the first day of leave is requested.

Note also, in every case where a student is absent from a formal assessment task an Absence, Illness and Misadventure form must also be completed and attached to this request.

### Part A

*To be completed by parent/caregiver; if exemption is sought for more than one student, separate applications need to be made*

### Student Details

|                |      |                |           |
|----------------|------|----------------|-----------|
| Family name:   |      | Given name(s): |           |
| Address:       |      |                | Postcode: |
| Date of Birth: | Age: | Year:          | Homeroom: |

### Application for Leave

|  |       |     |                              |
|--|-------|-----|------------------------------|
| If consecutive dates:<br>Dates exemption applied for:      | From: | To: | Total number of school days: |
| If non-consecutive dates:<br>Individual dates applied for: |       |     |                              |

### Reason for leave

|  |
|--|
|  |
|--|

**Parent/Caregiver Details**

|                    |                          |           |
|--------------------|--------------------------|-----------|
| Family name:       | Given name(s):           |           |
| Address:           |                          | Postcode: |
| Contact telephone: | Relationship to student: |           |

**Declaration/Signature**

As the parent/caregiver of the abovementioned student, I understand that, if the leave is granted:

- I am responsible for the supervision of the student during the Period of Leave/Exemption
- the leave/exemption is limited to the period indicated
- the leave/exemption is subject to the conditions listed on the Certificate of Leave/Exemption
- the leave/exemption may be cancelled at any time.

I declare that the information provided in this Application for a Leave is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this application later prove to be false or misleading, any decision made because of this Application may be reversed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Statement**

The information provided will be used to process the student's application for an exemption from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes:

- general student administration relating to the education and welfare of the student
- communication with students and parents
- to ensure the health, safety and welfare of students, staff and visitors to the school
- State and national reporting purposes
- for any other purpose required by law.

The information will be stored securely. You may access or correct any personal information. If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

**Part B*****To be completed by student requesting exemption from attendance at school***

List all your subjects and teachers, including your homeroom teacher. You must show this application to each teacher to have them sign so they may discuss your intended leave period.

| Subject | Teacher | Teacher signature | Assessment due during period of leave? |
|---------|---------|-------------------|--|
|         |         |                   |  |
|         |         |                   |  |
|         |         |                   |  |
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|         |         |                   |  |
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|         |         |                   |  |

|                      |            |
|----------------------|------------|
| Leader of Wellbeing: | Signature: |
|----------------------|------------|

In cases where you are absent from an assessment task, test or examination whilst you are absent you must also discuss this matter with your teacher or coordinator. You must attach an Illness/Misadventure form for any absences.

| Student Declaration   |           |      |
|---|-----------|------|
|   | Signature | Date |
| I have attached an Illness/Misadventure form for any assessments during my period of absence. |           |      |
| I do not have any assessments due during my period of absence?                                |           |      |

Once you have completed and signed the relevant section above please return this completed form to the Assistant Principal for their comment and signature. The form will then be forwarded to the Principal for their final approval.

| Assistant Principal's Recommendation |  |  |
|--------------------------------------|--|--|
| Recommended <input type="checkbox"/> | Conditionally Recommended <input type="checkbox"/> | Not Recommended <input type="checkbox"/> |
| Comment:                             |  |  |
| Signature:                           |  | Date:                                    |

| Principal's Recommendation        |                                       |
|-----------------------------------|---------------------------------------|
| Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> |
| Comment:                          |                                       |
| Signature:                        | Date:                                 |