

Yanchep Lagoon Primary School

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

Student Name _____ Class/Form _____

First day of absence ___/___/___ Date returning to school ___/___/___

Total number of days missed _____

Reason for Absence

I/We acknowledge that in-term absences can affect the academic outcomes for my child.

Name of Parent/Carer making application _____

Signed _____ Date _____

Authorised by Principal YES/NO Principal to sign _____

YANCHEP LAGOON PRIMARY SCHOOL

Student Name _____ Class/Form _____

AUTHORISED

UNAUTHORISED

Signed by Principal _____ Date _____