

YANCHEP LAGOON PRIMARY SCHOOL

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

(HOLIDAY/VACATION LEAVE FORM)

Student Name/s _____ Year Level/s: _____ Form/s _____

First day of absence ___/___/___

Date returning to school ___/___/___

Total number of days missed _____

Travelling Interstate: Yes No

Travelling Overseas: Yes No

Where: _____

Where: _____

Reason for Absence: _____

I 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 _____

Office Use Only:

Entered onto Integris Future Absences: Date: _____ Operator: _____

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VACATION / HOLIDAY FORM ACKNOWLEDGEMENT

Student Name _____ Class/Form _____

Absence Dates: From: _____ To: _____

AUTHORISED

NOT AUTHORISED

NOTE: In-Term Absences can affect the academic outcomes for students