TE MATA SCHOOL

STUDENT APPLICATION FOR LEAVE

All students that are absent for more than **3 consecutive days** will need to complete this application for leave and have it approved by the Principal.

Applicant must complete points 1 to 5 of this form.

1. STUDENT NAME: _____ CLASS NAME: _____

2. PERIOD OF LEAVE APPLIED FOR *(inclusive):*

_____

3. LEAVE APPLIED FOR:

Please Tick Box ✔
- ☐ Holidays (Term Time)
- ☐ Medical Leave
- ☐ Overseas Leave (Working)
- ☐ Other

4. REASON/(S) FOR LEAVE: *Please complete information in box below.*

I wish to apply for leave for the following reason/s . . .

5. COVERING LETTER AND/OR SUPPORT DOCUMENTATION ATTACHED: YES / NO

I look forward to your reply, to my Application for Leave

Parents Name: _____ Signed: _____

Date Signed: _____

Note: *Students can have approved leave of no longer than 15 consecutive weeks, before the school will need to withdraw their enrolment. The student will need to re-enrol upon arrival back at school.*

To be completed by Principal and held in student's file.

Tick Box ✔ to indicate Type of Leave approved.
- ☐ Holidays (Term Time)
- ☐ Medical Leave
- ☐ Overseas Leave (Working)
- ☐ Other

Leave

☐ APPROVED ☐ NOT APPROVED

Signed _____ Date _____

(PRINCIPAL / BOARD CHAIR)

I certify that _____ (Student Name) returned to SCHOOL on _____ (date).

Signed _____ Date _____

(TEACHER)