



LONG TERM LEAVE APPLICATION (Assessment)
(10 days or more)

MUST BE COMPLETED AT LEAST TWO WEEKS BEFORE FIRST DAY OF LEAVE

Student's Name: _____ Year: _____

First Day of Leave: Day _____ Date _____

Return to School: Day _____ Date _____

Number of School Days: _____

Copy of Request for Leave attached: Yes / No

Nature of Leave: _____

Signature of Principal: _____

- Work required for completion to be noted and attached if applicable.
- Assessment tasks must be discussed with relevant Stage Head Teachers two weeks before leaving or late submission procedures will apply.

Course	Teacher's Signature	Task/s to be Completed
English		
Mathematics		
Science		
HSIE		
PDHPE		

Stage Head Teacher: _____ Stage Head Teacher's Signature: _____

Administration Office: _____ (only after ALL other signatures completed)

Original of this page and request letter to be stored in central student file.

Copy of this page and any work attached to be given to the student.