



NOTICE OF EXTENDED LEAVE – HOLIDAY AND TRAVEL

STUDENT DETAILS

FAMILY NAME	GIVEN NAME	DOB	YEAR LEVEL

STUDENT ADDRESS

DATES OF LEAVE:

First day of absence ____/____/____

Date returning to school ____/____/____

Number of school days: _____

REASON FOR LEAVE:

PARENT DETAILS:

FAMILY NAME: _____ GIVEN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP TO STUDENT: _____

SIGNATURE: _____