TAS
THE ARMIDALE SCHOOL

Student Leave Application

This application is to be submitted by a parent/guardian at least 5 working days prior to the first date of leave. Leave approval is at the discretion of the relevant Head of School and not guaranteed. Any queries or amendments may be directed to absentees@as.edu.au.

School Administrative Section

Please select the section of school your child belongs to in the current year. If the application is for more the one child, select the section for the eldest.

Junior School (Pre-K – Yr 5) Middle School (Years 6-8) Senior School (Years 9-12)

Child 1 Details

Student name: _____

Date of birth: _____

Academic year: _____

Additional child(ren): Yes, I am attaching a second page

Parent/Guardian Details

Parent/Guardian name: _____

Parent/Guardian address: _____

Parent/Guardian email:

Leave Reason: HEALTH REASONS e.g. Sickness, Injury, Mental Health Day, Appointment - Physio/Chiro/Dental/Other

NON-SCHOOL ACTIVITY e.g. family related, special event, funeral, travel, recognised religious event.

Reason notes:

First Date of Leave: Last Date of Leave:

Time (if applicable) From: Time To: *for partial day absences*

PARENT/GUARDIAN DECLARATION

I, above named and undersigned parent/guardian, understand and accept that this leave is subject to the terms and conditions of the school and the child(ren) listed will be under my supervision and care during the entire period of leave. I undertake to notify the school, as soon as practicable, of any changes to this request.

Signature: _____ Date signed: _____

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Student Leave Application

Child 2 Details

Student name: _____

Date of birth: _____

Academic year: _____

Child 3 Details

Student name: _____

Date of birth: _____

Academic year: _____

Child 4 Details

Student name: _____

Date of birth: _____

Academic year: _____

Child 5 Details

Student name: _____

Date of birth: _____

Academic year: _____

Child 6 Details

Student name: _____

Date of birth: _____

Academic year: _____

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