# APPLICATION For K-12 Student *LEAVE* ≤ 15 school days (less than 3 weeks)

PART A: To be complete	d by Parent/Carer <b>4 weeks</b> in advance.
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Date Submitted:

Student Details		
Surname:	First Name:	
Address:		
First Day Leave:	Last Day Leave:	
Total # of school days:		
Student Year/Class:	Student House:	

## **Parent/Carer Details**

Surname:	First Name:	
Email:	Phone:	
Address:		
Relationship to student:		
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### Please indicate the reason with a tick in the appropriate box below:

Exceptional domestic circumstances – (please explain in space provided below.)

These can include:

- Serious illness of an immediate family member
- o Attendance at funerals
- o Attendance at recognised religious festivals
- Ceremonial occasions
- □ Misadventure or unexpected event (please explain in space provided below.)
- Participation in an event not related to school (please explain in space provided below.)
- Direction under Section 32D of the Public Health Act 1991 (please explain in space provided below.)
- Family Holiday (please explain in space provided below.)

# Explanation:

If "Other", please specify: \_\_\_\_\_

#### Note:

- If reason includes long-term travel arrangements (>15 days), please contact the Principal first before filling in this form
- Students should obtain homework from teachers before their absence to minimise "catch up". It is the student's responsibility to
  ensure he/she catches up all work missed by their absence

It is the legal duty of the parent/guardian to ensure their child of compulsory school age (6-17 years) is enrolled and attends school at all times while the school is open for instruction or school activities (Education Act 1990). It is an offence under the Education Act 1990 if a parent/guardian fails to meet its legal duty.

## Declaration:

As the Parent/Carer of the above student, I hereby apply for Student Leave, under the *Education Act 1990*. I understand that if the leave is granted:

- 1. I am responsible for his/her supervision during the period of leave
- 2. The leave is limited to the time period indicated
- 3. The leave is subject to the conditions listed on the Certificate of leave
- 4. The leave may be cancelled at any time.

Application Signature:

# PART B: SCHOOL USE ONLY

Date Received:

#### **Signatures**

Primary School:	Rabbi Milecki	Date:
Primary School:	Hannah Trenowden	Date:
High School:	James Mulhali	Date:
High School:	Rabbi Spielman	Date:

Recommendation:	Approved	Acknowledged
	Leave is approved and permission to be absent from school granted.	While the College notes the application for leave, the reasons cited do not meet the criteria for approval under the Education Act 1990.

#### Comment:

# Signature

Principal:	Rabbi Chaiton	Date:

#### **Privacy Statement**

## The information you provide will be used to process the Student's Leave application. It will only be disclosed for the following purposes:

- a) General student administration relating to the education and welfare of the student
- b) Communication with students and parents
- c) To ensure the health, safety and welfare of students, staff and visitors to the school
- d) State and national reporting purposes
- e) For any purpose required by law.

The information will be stored securely. You may access or correct any information by contacting the relevant school Secretary. If you have any concerns about the way your personal information has been collected, used or disclosed, please contact us.

## Distribution

- □ Parent(s)
- □ Teachers
- □ Secretary(s)
- □ Reception

Signed By:	Date:

## Secretary uploads to Edumate, files original.