

LEAVE OF ABSENCE - Holiday/Medical/Other

Child's name:		Cla	ss:
Address:			
_			
Destination:			
Reason for Absenteeism:			
Date of Departur	·••	Date of Return:	
(from school)	· · ·	(to school)	
Total number of school days absent:			
Does your child attend Instrumental Music Lessons?			
PLEASE NOTE:	(Music Teacher) TE: Recommended homework whilst away from school - Reading; Journal.		
Are your School	Fees up to date?	□ Yes	□ No
Signed:			
	(Parents)		
Signed			
-	(Principal)		
Date:			
Office use only:		T	Teacher 🗖
Seqta	File Copy	Emailed	Teacher L

O:Templates/leave of Absence.doc