HOLY NAME PRIMARY SCHOOL

Application for Extended Leave
The purpose of this form is for a family to notify the school that the student(s) identified below will be absent from school for a period greater than 10 school days.

Student Details				
Family Name	Given Name	DOB	Age	Grade
Address:				

Application for Extended Leave			
Dates leave applied for:	From:	To:	Total number of school days:
Reason for leave:			

Parent consent details:		
Parent Name:	Signature:	Date: