

## Student Leave Application Form

PLEASE NOTE:

**All students must complete all parts of the form relevant to you, otherwise this application form will not be accepted/declined.**

Version 6

Student Details			
Full name:		Date of Birth:	
Student ID:		Phone No.:	
Leave Date/s:		Return Date:	
Which class/es you are/were absent? (Class code/subject)			
Course Extension requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No   Extend for _____ week(s)		
Reason for Leave (Please provide supporting documents):			
Student Signature		Date:	
Parent or Designed Caregiver Signature (If Under 18):		Date:	

Office Use Only	
Attendance Comment:	
Type:	<input type="checkbox"/> Sick leave <input type="checkbox"/> Special leave
Result:	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Pending <input type="checkbox"/> Attendance updated
Signed:	
Date:	