



NOTE: Parts A, B and C are to be completed by the student's parent/carer and returned to

FAMILY NAME	GIVEN NAME(s)	DOB	AGE	GRADE

STUDENT ADDRESS	POSTCODE

START DATE OF PROPOSED LEAVE	END DATE OF PROPOSED LEAVE

NUMBER OF SCHOOL DAYS ABSENT

REASON FOR LEAVE (Including why this leave is occurring during school time).

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PART B: Details Of Prior Exemptions/Leave (if applicable)

***The information provided here will be checked against the College's Leave Register.**

START DATE OF PRIOR LEAVE

END DATE OF PRIOR LEAVE

NUMBER OF SCHOOL DAYS ABSENT

Assessment Tasks

As per the College Assessment Handbook, please indicate below any Assessment Tasks your son/s will be absent from during the period of leave indicated. If there is an Assessment Task clash, the Head of Department / relevant class teacher will be notified accordingly.

SUBJECT	TASK DETAILS	DATE OF TASK

Co-curricular Involvement

Please indicate below of your son/s involvement in any Co-curricular activity at the College during the period of leave.

CO- CURRICULAR ACTIVITY	RELEVANT COACH/ STAFF MEMBER/ MIC

PART C: Parent Details

FAMILY NAME		GIVEN NAME(s)	
ADDRESS		POSTCODE	
TELEPHONE NUMBER		RELATIONSHIP TO STUDENT	

As the parent/carer and applicant, I hereby apply for a Certificate of Leave and understand my child will be granted a period of leave upon acceptance by the College of the reason provided.

I understand that if the application is accepted:

- I am responsible for his supervision during the period of leave.
- The provided period of leave is limited to the period indicated.

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- The provided period of leave is subject to the conditions listed on the Certificate of Leave.
- The period of leave will count towards my child's absences from school.

I declare the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I recognise that should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed. I further recognise that a failure to comply with any condition set out in the Application for Leave from School may result in the provided period of leave being cancelled.

Name of parent/carer (please print): _____

Signature of parent/carer: _____ Date: _____

Once you have completed and signed this application, please return this form to **leaverequests@spc.nsw.edu.au**

PART D: To be Completed by the Director of Wellbeing

I accept this Application for Leave from School

(Please tick one box) **Yes** ☐ **No** ☐

Please provide more detail here (if required):

Director of Wellbeing (please print): _____ Telephone Number: _____

Signature of Director of Wellbeing: _____ Date: _____

Note: Please complete the **Certificate of Leave** if requested leave is approved.

The original certificate is to be given to the parent, with a copy kept on the student's file.

The parents should be advised to carry the **Certificate of Leave** as it may be requested by government officials including the Department of Immigration and Border Protection, Police, Home School Liaison Officers etc.