LEAVE OF ABSENCE REQUEST

Student Name	
Class	

ABSENCE DATES

From:	**To:**
Date of student's return to school:	
Number of school days involved:	

REASON FOR ABSENCE

Include an explanation as to why this absence has to be taken in term time

Parent/Guardians who request leave during term time for their child must do so in advance by completing this Leave of Absence Request form for Authorised absence. Leave of absence should be requested at least two weeks in advance. The parent/guardian will be advised of Ali Public School's decision in writing.

Please return this form in person to the Principal for consideration.
The Principal's decision is final

Parent/guardian name _____

Signature _____ Date: _____

For school use only:

Request received: _____ **Approved YES/NO**

Acknowledgement sent: