



St Clare's Catholic Parish Primary School

NARELLAN VALE

To form our hearts and minds to make a difference

STUDENT LEAVE REQUEST

Application for absence: 3 to 9 school days only

I/We request permission from St Clare's Catholic Primary School Narellan Vale for my/our child/children to be absent from school due to:

Destination: _____
(Please attach the itinerary to this form)

Dates absent from: _____ to _____

No. of **school days** absent: _____

Please print in Block Letters all students who will be absent from school:

Student name: _____ Class: _____

I/We understand that the absent days mentioned above will be included in my child's/children's school report and that the period of leave is limited to the period indicated above and **will not exceed 9 school days.**

Parent/Guardian's full name: _____

Parent/Guardian's signature: _____ Date: _____

Contact number/s: _____

Email address: _____

(Office use only)

Absence Request Approval

I accept and approve this application for leave of absence.

_____ Date: _____
Ms Marg Foldes - **Principal**