



ADVICE OF ABSENCE FROM SCHOOL

STUDENT DETAILS	
FAMILY NAME:	GIVEN NAMES:
STUDENT REGISTRATION NUMBER (SRN) (if applicable):	
DATE OF BIRTH:	
ADDRESS:	
	POSTCODE:
LEAVE DETAILS	
DATE OF LEAVE: ___/___/___ TO ___/___/___	
REASON FOR LEAVE:	
As the parent/carer of the above mentioned student, I am responsible for his/her supervision during the period of leave.	
I understand that this leave is limited to the period indicated.	
PARENT/CARER NAME:	
SIGNATURE:	DATE:
AUTHORISATION	
PRINCIPAL OR DP NAME:	
SIGNATURE:	DATE: