

One copy to be retained in the office
One copy to be returned to the parents via the eldest sibling



LEAVE OF ABSENCE

Although not an ideal option, it is recognized that on occasion a family may need to withdraw their child/children from the school during the term time.

Please note that we request that you give a minimum of a school week if you wish that the work is to be provided for your child/children.

Middle and secondary school student need to get a form overleaf completed by each of their subject teachers.

Form to be returned to the teacher of the eldest sibling in the school who will then inform all other class teachers.

FAMILY NAME: _____ PARENTS/GUARDIANS OF: _____

NAME: _____	CLASS: _____
NAME: _____	CLASS: _____
NAME: _____	CLASS: _____
NAME: _____	CLASS: _____

Request permission to withdraw the above child/children for the following period:

FROM: _____ TO: _____

TOTAL NUMBER OF DAYS: _____

Reason for withdrawal from school: _____

SIGNED _____ (Parents/Guardians of the above child/children)

Form returned to the class teacher _____ (date) & forwarded to the office

Director's Signature: _____

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Subject	Work required to be completed during student's absence. <small>(Where given this will assist the students to not fall behind in their school work, as they might otherwise due to the absence)</small>	Teacher's signature
English		
Mathematics		
Science		
History		
German		
Spanish/French		
PE		
Health		
ICT		
Art		
Geography		