Application for Extended Absence or Exemption To the Attention of the Headmaster



Applicant: Na	me:		
Relationship to	Student/s:		
Student Detail			
	Family Name	Given Name (s)	Year
Student 1			
Student 2			
Student 3			
Student 4			
	ence: Date/s: from:/_ ool days: (N/A if in	/ to:/	□ indefinite
Reason for ap Travel i.e. fa Exceptional Employmer	plication: (please tick as applicable amily holiday, celebration, spel Circumstances i.e. Bereavem	cial occasion etc nent, family or other commitment, hos participation in elite sport or equivale	
•			
Please provide more detail about the reason for your application:			
Declaration:			
granted: - I am r - The a - For st taken. Head - For st	responsible for his/her supervisabsence is authorised by the H tudents in the Secondary Scho Examinations or in class asse of Department and Director of	class Teachers will advise as to an ap	only. completed before leave is at a time arranged with the
		ication is accurate and complete to the ndition set on the Certificate may res	
		Attention	n : EA to the Headmaster
Signature of Ap	oplicant:		FFICE USE ONLY
D-t '		HM Approva	ı:
Date:/_	/	Date receive	d:
		Date Acknow	vledged: