



**LA SALLE COLLEGE
APPLICATION FOR EXTENDED LEAVE OF
ABSENCE FROM SCHOOL ACTIVITIES**

Please print, answering all questions as accurately as possible. Failure to do so may result in a processing delay. This form should be submitted *at least ONE CALENDAR MONTH* prior to intended absence.

STUDENT'S NAME: _____	YEAR GROUP: ____	PCA: _____
DATE THIS FORM SUBMITTED: _____		
DATES OF ABSENCE - FROM: _____ TO: _____		
REASON FOR ABSENCE: <i>Please provide as much detail as possible.</i>		

PCA: _____	PCA SIGNATURE: _____
YR COORDINATOR: _____	YR COORDINATOR SIGNATURE: _____

***Teachers are asked to please check that all set work is entered by the student into their organiser.**

SUBJECT	TITLE AND DATE OF ASSESSMENT ITEM SCHEDULED DURING ABSENCE	ASSESSMENT WEIGHTING	CLASS TEACHER	TEACHER'S SIGNATURE

NB: Staff who wish to make any comment related to the student's absence may do so in the space overleaf.

TEACHER COMMENT:

Teachers will set work to be completed on leave; however, parents should note that absence from scholastic activities for an extended period of time will have an effect on academic performance. Every effort should be made to use the school vacation period for holidays. *If there are special circumstances regarding your decision to take holidays at this time and parent/s believe his/her child should not be penalised, an appointment must be arranged prior to leaving with the relevant DP to discuss the matter.*

“When students go on extended holidays in school time, the College does not normally make arrangements for students to sit tests or examinations scheduled during their absence unless validity of such can be assured; i.e. students will receive no credit for assessments missed at this time. For Year 11 and 12 students, when extended holidays are taken a grade of ‘U’ (Unfinished) is a distinct possibility and may affect the student’s chances of WACE Graduation – a prerequisite for TAFE and University.”

Refer to Page 23-26 of Student Organiser – La Salle College Curriculum and Assessment Policy.

STUDENT’S DECLARATION:

I, _____, declare that information included on this form is correct. I have ensured that all teachers affected by my absence have been notified. I understand that an extended absence from scholastic activities may have an effect on my academic performance and achievement.

Signed: _____ Date: _____

PARENT’S DECLARATION:

The information provided on this form is correct and I/we agree to notify the College immediately of any information that will alter the details on this form. I/we understand that extended absence from scholastic activities may have an effect on my/our child’s academic performance.

Parent/Guardian: _____ Date: _____

(Note: Parent/Guardian – do not sign until this form has been completed by all teachers.)

OFFICE USE ONLY:

PRINCIPAL NOTIFIED: YES NO

DEPUTY/ASSISTANT DEPUTY PRINCIPAL NOTIFIED: YES NO

ADMIN – STUDENT’S RECORD PROCESSED YES NO

DATE: _____