

HOLIDAY LEAVE FORM

PARENTS – PLEASE COMPLETE AND RETURN TO FRONT OFFICE

STUDENT NAME: _____

CLASS: _____ CLASS TEACHER: _____

FIRST DATE OF LEAVE: _____

DATE RETURNING TO SCHOOL: _____

REASON FOR LEAVE: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

FRONT OFFICE ONLY

Extended leave added to SENTRAL:

Original placed on student file:

Front office checklist completed: Date: _____

Notes: _____
