

20 Wimmera Street Harrison ACT 2914  
 Email: info@harrison.act.edu.au  
 www.harrison.act.edu.au  
 Ph: (02) 6142 2200

## HOLIDAY LEAVE FORM

Please complete this form and return to the front office if your child will be absent from school for 5 or more consecutive days.

<b>Student Name:</b>	
<b>Year/Class:</b>	
<b>Leave Start Date:</b>	
<b>Date Returning to School:</b>	
<b>Reason For Leave:</b>	
<b>Parent/Carer Name:</b>	
<b>Parent/Carer Signature:</b>	
<b>Date:</b>	

**Staff Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

