



BEDE POLDING COLLEGE

**Application for Leave (L)
(Leave between 1 and 9 days)**

Form A.2

This part is to be completed by the parent or caregiver of the student/s for 1 – 9 days

School Name:	Bede Polding College
Suburb:	South Windsor

Student/s Details

Family Name	Given Name	Date of Birth	Age	Grade/Class

Student/s Address

Street No. and Name:	
Suburb:	
Postcode:	

Details of Leave

Start Date of Leave	End Date of Leave	Total No. of School Days

Reason

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BEDE POLDING COLLEGE

Details of Prior Approved Leave				
Are there any current or previous applications for leave during this current school year? (Please tick) If yes, please provide details of previous leave below.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Leave Start Date	Previous Leave End Date	No. of School Days		
Parent/Caregiver Details				
Family Name	Given Name	Relationship to Student/s		
Street No. and Name:			Postcode:	
Suburb:			Phone No:	

As the parent/caregiver and the applicant for the above mentioned student/s, I hereby apply for a Certificate of Leave and understand that my child/children will be granted a period of leave upon acceptance by the Principal for the reason provided.

I understand that, if the application is accepted:

- I am responsible for the supervision of the student/s during the period of leave
- The accepted period of leave is limited to the period indicated
- The period of leave will count towards my child's/children's absences from school.

I declare that the information provided in this application is to the best of my knowledge and belief; accurate and complete. I recognise that should statements in this application later prove to be false or misleading any decision made as a result of this application may be reversed. I further recognise that a failure to comply with any condition set out in the application may result in the provided period of leave being cancelled.

Signature of Parent/Caregiver	Date

Privacy Statement

The information provided will be used to process the student's Application for Leave during the period indicated. It will only be disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- Communication with students and parents/caregivers
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and national reporting purposes
- For any other purpose required by law