

AL IMAN COLLEGE ABN 466 012 880 82 20 – 40 Rees Rd, Melton South VIC 3338 PO Box 2337, Melton South VIC 3338 Email: info@aliman.vic.edu.au Web: http://aliman.vic.edu.au/ Tel: 03 9743 4140

Application for Extended Leave

This form should be completed at least **three weeks in advance** of the scheduled leave date and returned to the school. **(Extended absence is classified as 5 or more school days)**

| Student ID | Student name | Year Level |
|------------|--------------|------------|
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| Leave starting Date:/ | / | Recommencing School Date:// | |
|-----------------------|---|-----------------------------|--|
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Reason for student(s) leave:

Contact details during leave: Phone: ______ email: ______email: ______

Parent/guardian declaration and signature

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

I understand that if the application is accepted:

- I am responsible for the supervision of the student during the period of extended leave.
- the accepted period of extended leave is limited to the period indicated.
- the accepted period of extended leave is subject to the conditions outlined in the Extended Leave approval correspondence.
- the period of extended leave will count towards my child's/children's absences from school.
- if the student returns to the college after leave period has expired, then he/she may be de-registered.

By completing the form below, you understand that:

- You need to collect all the relevant resources from the respective teacher.
- Your child may be required to complete catchup work upon return in order to demonstrate a standard, outcome or gain foundation understanding.
- Reports may reflect that your child has not demonstrated particular standards or outcomes.
- Extended absences may put a students' ability to successfully complete a year level at risk.
- For senior years, days absent may contribute towards a non-satisfactory result in an outcome.

I declare that the information provided in this application for Extended Leave is, to the best of my knowledge and belief; accurate and complete.

| Signature of parent/s (guardians) | Date | |
|---|------------------------|--|
| For office use only | | |
| Family Code: | Leave approved: Yes No | |
| Resources collected from the Teachers: Yes No | Fee amount in advance: | |
| Principal signature: | | |