



Student Leave of Absence Application - Secondary School

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|--|---|-----------------------------------|--|
| Name of Student: | | Year: | |
| Proposed dates of absence: | | | |
| Total number of consecutive days absent: | | | |
| If applying for more than ten consecutive days of leave, a formal exemption from compulsory schooling is required from the Principal and you will need to complete a different form. | | | |
| REASON FOR ABSENCE: | | | |
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Family Event | <input type="checkbox"/> Medical: | |
| <input type="checkbox"/> Representative Sport | <input type="checkbox"/> Representative Music/Dance | | |
| <input type="checkbox"/> Other (please provide details:) | | | |

Please refer to the Assessment Calendar to list assessment tasks due during the leave period:

| | |
|----------------|---------------------------|
| Subject: _____ | Type of Assessment: _____ |
| Subject: _____ | Type of Assessment: _____ |
| Subject: _____ | Type of Assessment: _____ |
| Subject: _____ | Type of Assessment: _____ |
| Subject: _____ | Type of Assessment: _____ |

| Types of Eligible Leave | Not Eligible |
|--|---|
| <ul style="list-style-type: none"> • Illness • Accident and Misadventure (unforeseen circumstances that are outside of the student's control, e.g. accident, death of a family member) • Representative sport or activity | <ul style="list-style-type: none"> • Matters of the student's or parent's/carer's own choosing, e.g. family holidays, sporting events • Matters that the student could have avoided |

- ☐ I understand that by withdrawing my child during term time, they will miss content that is assessable and academic results will be affected. Similarly, any assessment tasks not completed will adversely affect end-of-year academic outcomes. While weekly outlines and resources are provided on SEQTA, I also understand that teachers will not be expected to provide additional work or planning to accommodate the absence.

| | | | |
|-----------------------------|--|--------------|--|
| Name of Parent: | | | |
| Signature of Parent: | | Date: | |

| | | |
|--|---|---|
| Head of Secondary School Approval: | <input type="checkbox"/> Authorised Absence – N/A | <input type="checkbox"/> Unauthorised Absence – N/R |
| Head of Secondary School Signature: | | Date: |

| | |
|------------|--|
| N/A | Authorised Absence - has been approved by the Head of Secondary School and confirmation provided to the family. During this time, assessment is to either be handed in early or recorded as N/A and should have no impact on overall achievement. |
| N/R | Unauthorised Absence - has been acknowledged by the Head of Secondary School and confirmation provided to the family. During this time, assessment is to either be handed in early or recorded as N/R. This will have an impact on their overall achievement results. |

(Please return this form to the Secondary School Office – armgardtv@immanuel.qld.edu.au)