

A GUIDE TO APPLYING FOR LEAVE (5-10 Days)

Principals do not grant leave during the school term lightly. The focus of the school and the Education Act-1990, is on maximising a student's opportunities to become successful learners. The importance of students being in class and participating in the full range of class activities cannot be over emphasised.

When considering whether to request leave during the school term it is important for parents / carers to weigh up the opportunity for learning versus the cost to learning associated with taking time out of school.

Apply early - Give yourself as much time as possible to complete the application process properly and speak with your class teachers & buddy up with a student in your class to obtain work that will be missed while you are away (see back page).

Step 1: Check there are NO EXAMS during the time you will be away on leave

□ Step 2: Complete this form outlining information regarding your school commitments during the proposed absence. Check the School & Assessment Calendars and (Moodle – student login required)

Step 3: Complete the attached Leave Request Form and arrange to meet the Deputy Principal (if applicable)

Student Name:	Yr:
Parent daytime contact No.:	
Leave dates:// to/	
Assessment tasks / school events occurring during the proposed absence (as p	er Calendar/Moodle):
Subject / Event:	
Task:	
Subject / Event:	
Task:	
Subject / Event:	
Task:	
Name of Parent checking calendar/moodle: Signature: Signature: Signature: Signature: (Signing this document confirms that you have checked Assessment/Assignments on moodle with your studen	for



TWEED RIVER HIGH SCHOOL Leave Request (5-10 Days)

Principal Ms Leisa Conroy 4 Heffron Street Tweed Heads South NSW 2486 ABN 57 259 148 522

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STUDENT DETAILS:	
Date:	
Family Name:	Given Name:
Age: Date of Birth:	_// Year:
Enrolment Registration Number (ERN):	
Students Address:	
Address:	
Suburb:	Post Code:
Dates Leave applied for: 1 st Day:/_	/ to Last Day:// Total Days:
Reason for Leave:	
PARENT/CARER DETAILS:	
	Given Name:
Address:	
Suburb:	
Phone No:	Mobile No:
Email address:	
Parent/Carer Signature :	Date://
OFFICE USE:	
Deputy Principal Signature:	Date:///

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Tweed River High School Independent Learning Contract

For Students on an Attendance Exemption/Leave Request

Student Name:

Year: _____

Choose a buddy or buddies to collect class information for you in your absence

Teacher's Signature	Buddy Name	Course Requirements: eg. Assessment due, work to be completed
	Teacher's Signature	Teacher's Signature Buddy Name Image: Signature Image: Signature

- I acknowledge it is my responsibility to **complete all set tasks** and any **missed work** during my absence.
- I will contact my buddy regularly to organise the exchange of notes etc. I also understand that due dates and extensions on assessment tasks/assignments will need to be negotiated with my Teacher through the Illness/Misadventure Special Circumstances form as indicated in the Assessment Guide and **Course Requirements** available on the school website.

Student's Signature:	Date:	/	/
Parent/Carer Signature:	Date:	/	/
Deputy Principal:	Date:	/	/
OFFICE USE: Copy of Learning Contract given to Student:	Date:	/	/