



Western Grammar School

15 Cannery Road
Plumpton, NSW 2761
Ph: 02 9677 9229
Web: wgs.nsw.edu.au
Mail: info@wgs.nsw.edu.au

STUDENT EXTENDED LEAVE FORM

IMPORTANT NOTE:

1. PLEASE DO NOT BOOK ANY FLIGHTS OR ACCOMODATION UNTIL THE LEAVE IS APPROVED.
2. INCASE OF EMERGENCY LEAVE , PLEASE CONTACT THE SCHOOL DIRECTLY

SECTION A: PARENT/GUARDIAN TO COMPLETE

Please attach supporting documentation and return the form to the relevant coordinator.

1. STUDENT DETAILS

Student Surname	
Student Given name(s)	
Grade	

2. DETAILS OF LEAVE

Dates of Extended Leave	From: ___/___/___ To: ___/___/___
Number of school days absent (not including weekends or Public Holidays)	

3. REASON FOR LEAVE

- Reason for leave:
- Sick Leave/ Surgery- Attach Doctor's Certificate/s

4. PARENT/GUARDIAN SIGNATURES

Surname:	First Name:
Relationship to Student:	Contact Tel No:

As the parent/guardian and applicant, I hereby apply for *Student Extended Leave* and understand my child will be granted a period of extended leave upon acceptance by the Deputy Principal for the reason provided.

I understand that if the application is accepted:

- The provided period of extended leave is limited to the period indicated in this form.
- The period of extended leave will count towards my child's absences from school
- I am responsible for ensuring my child completes all assigned school work as set out by the Subject Teachers during the leave.

I declare that the information provided in this application is to the best of my knowledge and belief, accurate and complete. I recognize, that should statement in this application later prove to be false or misleading, any decision made because of this application may be reversed. I further recognise that a failure to comply with any condition set out in the *Student Extended Leave* application may result in the provided period of extended leave being cancelled.

Signature:	Date:
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SECTION B: TEACHERS TO COMPLETE (COORDINATOR TO ARRANGE) – PRIMARY SCHOOL

PART 1- ACADEMICS

SUBJECT	CLASS WORK/COMMENTS <i>Please provide full details of tasks to be completed before, during and after leave</i>	FOLLOW UP <i>Teacher to check that work has been completed</i>
1. English		
2. Mathematics		
3. Homework		
4. Islamic Studies		

PART 2- CONCERNS

5. Academics	(Overall incl HW)
6. Attendance	(Late arrival, partial absence and full day absence)
7. Wellbeing	(Social and emotional)



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SECTION C: TEACHERS TO COMPLETE (COORDINATOR TO ARRANGE) – HIGH SCHOOL

PART 1- ACADEMICS

SUBJECT	TEACHER NAME & SIGNATURE	CLASS WORK/COMMENTS <i>Please provide full details of tasks to be completed before, during and after leave</i>	FOLLOW UP <i>Teacher to check that work has been completed</i>
1.			
2.			
3.			
4.			
5.			
6.			

PART 2- CONCERNS

7. Academics	(Overall incl HW)
8. Attendance	(Late arrival, partial absence and full day absence)
9. Wellbeing	(Social and emotional)



SECTION D: RELEVANT COORDINATOR(TLC) TO COMPLETE

Recommended for Approval

Yes No

Provide more details here if required:

Signature

Date

SECTION E: PRINCIPAL/DEPUTY PRINCIPAL TO COMPLETE

Approved

Yes No

Reasons for approval/decline

Principal/Deputy Principal Name:

Signature:

Date:

SECTION F: (OFFICE USE ONLY)

Send letter of approval/decline to parents

If approved, update Sentral Attendance and scan ELF to student's file

If approved, notify affected teachers and Coordinator by email (Specify absence dates)

Coordinator cited before and after leave

Completed form placed in student's file

Input by:

Date:

Coordinator Citation:

_____ **Prior to Leave**

_____ **After leave**