

One copy to be retained in the office
One copy to be returned to the parents via the eldest sibling



LEAVE OF ABSENCE

Although not an ideal option, it is recognized that on occasion a family may need to withdraw their child/children from the school during the term time.

Please note that we request that you give a minimum of a school week if you wish that the work is to be provided for your child/children.

Form to be returned to the teacher of the eldest sibling in the school who will then inform all other class teachers.

FAMILY NAME: _____ PARENTS/GUARDIANS OF:

NAME: _____ CLASS: _____

NAME: _____ CLASS: _____

NAME: _____ CLASS: _____

NAME: _____ CLASS: _____

Request permission to withdraw the above child/children for the following period:

FROM: _____ TO: _____

TOTAL NUMBER OF DAYS: _____

Reason for withdrawal from school: _____

Signature & date: _____ (Parents/Guardians of the above mentioned child/children)

Form returned to the Homeroom teacher by the office _____

Director's signature _____