

DANEBANK

An Anglican School for Girls

ABN 63 544 529 806

80-98 Park Road, Hurstville, NSW, 2220 | Telephone: 9580 1415 | Facsimile: 9579 3450

Email: enquiries@danebank.nsw.edu.au | Website: www.danebank.nsw.edu.au



Application for Leave Holidays outside scheduled School Holiday times

Part A (to be completed by parent/caregiver)

School Details

School Name: **DANEBANK - An Anglican School for Girls**

Suburb: **HURSTVILLE**

Tel No. 9580 1415

Student Details

Family name Given name(s)

Address

.....Postcode

Date of Birth: ___ / ___ / ___ Year Group:

Application for Leave – NOTE: The days absent will appear on your daughters report

Dates of leave applied for: From ___ / ___ / ___ to ___ / ___ / ___ Number of school days.....

Reason for Application for Leave (please tick relevant box)

Family holidays

Please provide details about the reason for the Application for Leave

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Lesson Requirements

Students are to speak to individual teachers regarding what work is to be completed while absent.

Assessment Requirements

Students are to detail below any assessments that will occur during this absence. In addition, students must consult with the Deputy Principal, Administration regarding possible alternative arrangements.

Subject	Assessment Task	Due Date	Alternative Arrangement	Deputy Principal Admin.

The School Assessment Calendar has been checked and we confirm that: *(Please tick appropriate box)*

- There are no assessments due in the period of applied absence OR
 Assessment(s) due, but alternative completion arrangements made with Deputy Principal, Administration.

Student Signature: Parent/Caregiver Signature:

Parent / Caregiver Details

Family name Given name(s)

Address

.....Postcode

Contact Telephone Relationship to student

Declaration / Signature

As the parent/caregiver of the above mentioned student, I hereby apply for leave
I understand that, if leave is granted

- I am responsible for the supervision of the student during the Period of leave;
- the leave is limited to the period indicated;
- the time absent will be recorded on my daughters report as approved leave if leave is granted;

I declare that the information provided in this Application for Leave is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this Application later prove to be false or misleading, any decision made as a result of this Application may be reversed.

Signature of applicant/s: Date ____ / ____ / ____

Once you have completed and signed Part A please return this form to the school Principal

Part B

School use only

Principal's Decision and Signature**Application for Leave**

Granted

Declined

Name of Principal **MARYANNE DAVIS**

Contact Tel. 9580 1415

Signature

Date ____ / ____ / ____