



APPLICATION FOR STUDENT LEAVE (to be completed by student's parents/carers)

This application should be completed in advance if a student is requesting to be absent from school for 5 school days or more.

Please email completed form to info@smgs.nsw.edu.au .

Student Details

Family name: _____ Given name(s): _____

Year: _____

Parent Details

Name(s): _____

Email address: _____ Telephone number: _____

Period of leave applied for: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days: ____

Note: The number of days a student is on leave in any calendar year should not exceed 99 school days. If this will be the case, special approval for any additional leave must be sought well in advance from the Principal.

Reason for application for leave:

Parent signature: _____ Date: ____ / ____ / ____

School Approval

Supported by Tutor: _____ Supported by Director of Sport (if applicable): _____

Supported by Director of Curriculum & Operations: _____ Supported by Head of School: _____

Approved by Principal: _____

Date: ____ / ____ / ____

Office use only:

Senior/Middle School notified (if applicable)

Junior School notified (if applicable)

Boarding House notified (if applicable)