



LEAVE OF ABSENCE PERMISSION SLIP

CHILD/CHILDREN'S NAME/S:		CLASS:
PARENT NAME:		
ADDRESS:		PHONE:
REASON FOR ABSENTEEISM:		
DATE OF DEPARTURE (FROM SCHOOL):	DATE OF RETURN (TO SCHOOL):	
TOTAL NUMBER OF DAYS ABSENT:		
<p>PLEASE NOTE: <i>The Education Department Act requires that parents must seek permission from the school Principal for children to be absent for extended periods.</i></p> <p><i>At St Jude's Catholic Primary School, we request that students keep a daily journal of their activities while on holidays. Reading should also be kept up. Students' Literacy Pro and Prodigy Maths accounts can be used anywhere they have access to the internet.</i></p>		
Parent Signature:		Date:
OFFICE USE ONLY		
Principal's Signature: _____		Date: _____
Copies Distributed:		
Class _____	Teacher _____	
Class _____	Teacher _____	
Class _____	Teacher _____	