



Our Lady of Lourdes School

29 Marda Way | Nollamara | WA | 6061
Telephone: (08) 9349 1233 | Fax: (08) 9345 2656

STUDENT EXTENDED LEAVE DURING TERM TIME

Family Surname: _____

Students First Name: _____ Year: _____

_____ Year: _____

_____ Year: _____

_____ Year: _____

Reason for Leave: _____

Dates of Leave: From ____ / ____ / ____ to ____ / ____ / ____ inclusive.

From ____ / ____ / ____ to ____ / ____ / ____ inclusive.

Parent/Guardian Name: _____

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY:

Notification Issued:

Teacher to note:

Signature:

Signature: