

STUDENT LEAVE FORM

Student Details				
Family Name:	Given Name(s):			
Student Number:	Session Group:			
Course Specification:	Fashion	Inter	iors	Styling
Details of Absence				
Illness	Compassionate Rea	asons	Appointment	Other
Date(s) of Absence:				
Details:				
Please remember to attach proof of absence when submitting form or reason for absence will not be validated.				
Teacher Authorisation (If leaving early)				
Purpose of Early Departure:				
Time of Departure:				
Teacher:			Signature:	
 All absences affect your overall attendance; however validated absences will be taken into account when reviewing a student's academic progression. Students are reminded to provide proof of absence i.e. medical certificate, compassionate leave or unavoidable appointment details or will have the leave recorded as non-approved. It is recommended the student retain a copy of the supporting documentation. Proof of absence (such as medical certificates) are to be attached within five days of return to college. Whitehouse reserves the right to confirm validity of supporting documentation such as medical certificates and letters. Appointments such as routine dental and medical matters should not occur in class hours. This form is to be used in case of unexpected absences (i.e. illness, compassionate etc. For scheduled events in advance – use Request for Absenteeism – to be lodged 4 weeks prior to requested leave. If leaving class early – sigh off by teacher required. 				
Student Authorisation	on			
Student Signature:			Date:	
Office Use Only				
Received by:				Date:
Updated:	Database		Filed	Date: