



# HOLY ROSARY SCHOOL

35 Williamstown Road, Doubleview, WA 6018

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## STUDENT LEAVE OF ABSENCE

CHILD'S/CHILDREN'S NAME/S:	CLASS:
PARENT'S NAME:	
ADDRESS:	PHONE:
REASON FOR ABSENTEEISM:	
DATE OF DEPARTURE (from school)	DATE OF RETURN (to school)
TOTAL NUMBER OF SCHOOL DAYS ABSENT:	
<p><b>Please Note: The Education Department Act requires that parents must notify the Principal when children are to be absent from school for extended periods.</b></p> <p><b>At Holy Rosary School we suggest that students keep a daily journal of their activities while on holidays. Reading should also be kept up.</b></p>	
Parent's Signature: _____ Date: _____	
<b>Office Use Only</b>	
Principal's Signature: _____ Date: _____	
Copies Distributed – Teachers _____ (Yrs) _____	
Office Staff Signature: _____ Date: _____	