



Application for Leave (up to 10 Days) at Brigidine College Randwick

Student Details:

Family name.....Given names(s).....

Address

.....Postcode.....

Date of Birth: ____/____/____ Home Room:_____ Year:_____

Dates of Leave applied for: From ____/____/____ to ____/____/____ Number of school days_____

Reason for Leave:

.....
.....
.....

Parent/Caregiver Details

Family name.....Given names(s).....

Address.....

.....Postcode.....

Relationship to student.....Contact Telephone.....

Declaration/Signature

I understand that, if the Leave is granted

- I am responsible for the supervision of the student during the Period of Leave;
- the Leave is limited to the period indicated;
- the Leave is subject to the conditions nominated by the Principal

I declare that the information provided in this Application for Leave is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this Application prove to be false or misleading, any decision made as a result of this application may be reversed.

Signature of applicant/s:.....Date ____/____/____

Once you have completed and signed this form please return this form to the school principal.

Privacy Statement

The information that you provide will be used to process the student's Application for Leave from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes:

- General student administration relating to the education and welfare of the student;
- Communication with students and parents;
- To ensure the health, safety and welfare of the students, staff and visitors to the school;
- State and national reporting purposes;
- For any other purpose require by law.
- The information will be stored securely.
- You may access for correct any personal information by contacting the school.
- If you have a concern or complaint about the way your personal information has been collected, used or disclosed, you should contact the school.