



ST ELIZABETH'S PARISH SCHOOL Dandenong North

NOTICE OF EXTENDED LEAVE FROM SCHOOL

Student's Full Name: _____ Class: _____

Student's Full Name: _____ Class: _____

Student's Full Name: _____ Class: _____

Student's Full Name: _____ Class: _____

School last day: _____ Date: ___ / ___ / ___

Holiday start date: _____ Date: ___ / ___ / ___

Holiday return date: _____ Date: ___ / ___ / ___

School return date: _____ Date: ___ / ___ / ___

Reason for Extended leave:

.....
Print Name

.....
Signature of Parent / Guardian

Date: ___ / ___ / ___

School Approval:

Date: ___ / ___ / ___

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