



# STUDENT TEMPORARY LEAVE FORM

Darul Ulum College of Victoria  
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## PLEASE READ THE CONDITIONS BELOW BEFORE COMPLETING THIS FORM

- Temporary leave should be approved of before making any travel arrangements.
- This form must be completed and submitted to the school office 2 weeks prior to the beginning date of leave request.
- School fees should be paid in advance for the period of the leave.
- If student(s) return(s) after the leave period has expired, his/her enrolment at the school may be terminated.
- Discretionary leave is not allowed for more than 2 months during the school's teaching periods.
- Discretionary leave period must not include the first Friday of August and the last school day in February for census reasons.
- Student work plan must be completed during student's absence. If it is not completed, the school will provide tutoring at parent's cost to ensure student(s) cover(s) material missed during leave.

## STUDENT DETAILS

### STUDENT 1

Student's name		Year/Grade	
Length of absence	Beginning of leave request: ___/___/20__	Return to school: ___/___/20__	
Reason(s) for absence			

### STUDENT 2

Student's name		Year/Grade	
Length of absence	Beginning of leave request: ___/___/20__	Return to school: ___/___/20__	
Reason(s) for absence			

## PARENT/GUARDIAN DETAILS

First Name		Surname	
Relationship to child			
Daytime Phone Number		Email address	
_____ Parent's/guardian's signature		_____ Date	

_____ Principal's signature		_____ Date	
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## FOR OFFICE USE ONLY

Family code			
Has leave been approved of	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Fee amount due in advance	\$		
Have fees been paid in advance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**WORK PLAN**

**STUDENT 1 WORK PLAN**

Mathematics		Teacher's Name	
		Signature	
		Date	
English		Teacher's Name	
		Signature	
		Date	
Science		Teacher's Name	
		Signature	
		Date	
Humanities		Teacher's Name	
		Signature	
		Date	

**STUDENT 2 WORK PLAN**

Mathematics		Teacher's Name	
		Signature	
		Date	
English		Teacher's Name	
		Signature	
		Date	
Science		Teacher's Name	
		Signature	
		Date	
Humanities		Teacher's Name	
		Signature	
		Date	

**SUB-SCHOOL HEAD**

_____ Sub-school head's signature	_____ Date
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**PRINCIPAL**

_____ Principal's signature	_____ Date
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