

STUDENT TEMPORARY LEAVE FORM

Darul Ulum College of Victoria
17 Baird Street (P.O.Box 130) Fawkner Victoria 3060 Australia
Email: info@dulum.vic.edu.au Website: www.dulum.vic.edu.au
Phone: 03 9355 6800 Fax: 03 9359 0692

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 <u>first Friday of August</u> and the <u>last school day in February</u> 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 DETAIL	LS			
STUDENT 1				
Student's name				Year/Grade
Reason(s) for absence				
Length of absence	Beginning	of leave request:/_	/ 20	Return to school: / /20
STUDENT 2				
Student's name				Year/Grade
Secretary for absorbed				
Reason(s) for absence				
Length of absence	Beginning	of leave request:/_	/ 20	Return to school: / /20
PARENT/GUARD	IAN DET	TAILS		
First name			Surname	
Relationship to child				
Daytime phone number			Email addr	ress
Parent's/	guardian's s	signature		Date
FOR OFFICE LICE ONLY				
FOR OFFICE USE ONLY Family code				
Has leave been approved of		☐ YES		□NO
Fee amount due in advance		\$		
Have fees been paid in advance		□ YES		□NO

DUCVSTLF001 19 Apr. 16

WORK PLAN	USE BY SCHOOL PERSONNEL ONLY	
STUDENT 1 WORK PLAN		
STOPENT I WORKT PAR	Teacher's name	
Mathematics	Signature	
	Date	
	Teacher's name	
English	Signature	
	Date	
	Teacher's name	
Science	Signature	
	Date	
	Teacher's name	
Humanities	Signature	
	Date	
STUDENT 2 WORK PLAN	· · · · · · · · · · · · · · · · · · ·	-
	Teacher's name	
Mathematics	Signature	
	Date	
	Teacher's name	
English	Signature	
	Date	-
	Teacher's name	
Science	Signature	
	Date	
	Teacher's name	
Humanities	Signature	
	Date	
VCE COORDINATOR (if student is a VCE st	tudent)	
VCE Coordinate de signature		
VCE Coordinator's signature SUB-SCHOOL HEAD	Date	
SOB-SCHOOL HEAD		
Sub-school Head's signature	Date	
PRINCIPAL		
Principal's signature		

DUCVSTLF001 19 Apr. 16