



CERTIFICATE FOR EXTENDED LEAVE

The student whose details appear below has been granted extended leave for the period indicated.

10 – 50 days – Approved by School Principal
50 – 100 days – Approved by Head of School Improvement Services
100+ days – Approved by the Minister

Student Details	
Family Name: Given Name(s):	
Student's Address: Po	ostcode:
Date of Birth: Age:	
Enrolment Registration Number:	
School Details	
School Name: St Clare's Catholic Primary School	
Suburb: NARELLAN VALE NSW	Ph Number: 02 4647 2845
Extended Leave	
Dates of Leave: to	Number of School Days:
Reason for providing the period of Extended Leave:	
Conditions applicable to providing the period of Extended Leave:	
It has been explained to the parent of the above mentioned student that they are responsible for his/her supervision during the provided period of Extended Leave.	
The parent understands that the period of Extended Leave is limited to the period indicated, and acknowledges that	
the provided period of Extended Leave is subject to the conditions listed.	
Principal Name (please print): Ms Marg Foldes	
Signature of Principal:	
When appropriate	
Head of School Improvement Service Name (please print):	
Signature of Head of School Improvement Servi	ce: Date: / /

This Certificate has been issued without alteration and must be produced when requested by Police or other authorised attendance officers.