

- > This form is to be completed by parents/carers when requesting voluntary absence from school during term time.
- > All requests are made to the College Principal **one month prior** to event and before finalising arrangements (eg flights and accommodation).
- > Exceptional circumstances that necessitate shorter notice may be considered.
- > Completed Request for Student Absence Form can be emailed to the College by clicking the submit button below.
- > Any absence that is not a school related activity will still impact on your son's attendance record.
- > Approval is granted at the discretion of the Principal.

Date of request	Date/s absent (inclusive)					
	From			То		
Student name		Year level	For spo	ort related abs	ences	
			School	based?	Yes	No

Please give reason for absence as this may affect attendance record

Assessment Due?	Yes	No	If Yes, state type
Check Assessment Planne	er (eg Math	ns exam, Ei	nglish assignment)

PLEASE NOTE College policy is to make full use of the term. This includes completion of testing and all assessments during the last week of term up to and inclusive of the last day. The College operates under very prescriptive obligations from the Queensland Curriculum & Assessment Authority, in particular for Years 11 & 12.

It is the responsibility of the student to inform his teachers of absences and ensure the completion of any work missed while absent from school. All assessment items must be submitted by the due date.

Parent/Carer name	Signature
Contact phone	email

EMAIL COMPLETED FORM TO sac.absences@cns.catholic.edu.au

OFFICE USE ONLY	HOY Recommendation	Approved	Unapproved	Demonst Combo et	
School based activity	HOY/HOS Name			Parent Contact	YES
Non School based activity	HOY/HOS Signature				
Approved Leave	Principal's Signature				NO
Unapproved Leave					
ADMINISTRATION USE ONLY					
eMinerva	Boarder Ye	es No	Email HOR / /		
Parent/Carer Notified Phone	Email Date	/ /	Email Teachers /	/	