



Application for Leave – reoccurring appointments.

Please grant permission for my child to regularly arrive late/leave early, for an ongoing appointment.

Family Name	Given Name	DOB	Grade

Please tick reason:

Speech therapy Occupational therapy Behavioral therapy Psychology

Other (e.g. rep sports, please provide details)

Day (please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Time (arrival/departure)					

For the duration of _____

Parent/Carer's name _____

Parent signature _____ Date _____

Principal's Approval

Signature _____ Date _____

Any conditions
