



PERMITTED EARLY LEAVE FROM COLLEGE

This note must be presented to the Student Service Office before 8.35am on the day of leave for said leave to be approved and processed.

This is to inform Ryde Secondary College that my child requires early leave from College on:

Student Name Roll class.....R.....

Date / s Day Time

Day Time

My child will require early departure for the following reason:

PERSONAL LEAVE

MEDICAL / DENTAL APPOINTMENT

OTHER

Type _____ for _____ for _____
(Please circle which ever is relevant)

Any other comments _____

PARENT/CAREGIVERS SIGNATURE _____ Date: _____



PERMITTED EARLY LEAVE FROM COLLEGE

This note must be presented to the Student Service Office before 8.35am on the day of leave for said leave to be approved and processed.

This is to inform Ryde Secondary College that my child requires early leave from College on:

Student Name Roll class.....R.....

Date / s Day Time

Day Time

My child will require early departure for the following reason:

PERSONAL LEAVE

MEDICAL / DENTAL APPOINTMENT

OTHER

Type _____ for _____ for _____
(Please circle which ever is relevant)

Any other comments _____

PARENT/CAREGIVERS SIGNATURE _____ Date: _____