

STATE HIGH

MIDDLE SCHOOL **STUDENT LEAVING EARLY REQUEST - 2019**

PARENT / CAREGIVER TO COMPLETE								
STUD	ENT NAME:				Year Level:			
		DOB:				Care Class:		
Parent/Caregiver Details								
Mr/N	Mrs/Ms/Miss:	Name:						
Address:								
Suburb:						Postcode:		
Signature of Parent / Caregiver (Person completing this form)								
Signo	nture				Date:			
	tionship To Stude	ent:				Daic.		
/	Reason/s for Leaving Early (Must be completed)							Start Date
	Elite training	Requested days (please circle) Requested departure time: Please provide supporting evider Sport: Training time:	Te	Tues eam: aining lo	Wed	Thurs	Fri	
	Out of zone transport	Requested days (please circle) Requested departure time: Please provide details Bus No: Bus departure time: Time of next scheduled bus:	Mon pm Bu	Tues us stop lo estination	Wed cation:	Thurs	Fri	
Please Review Below Checklist								
Complete the information above and return this form to Middle School Student Services								
Approved/Not Approved Date / / Deputy Principal Middle School PLEASE NOTE* All students MUST sign out at Middle School Student Services before leaving school gra								rounds
each day.								