



### APPLICATION FOR STUDY LEAVE

NAME: \_\_\_\_\_

TUTOR GROUP: \_\_\_\_\_

I wish to apply for the privilege of Study Leave.

Year 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>
---

I understand that:

- Study leave is applicable for session one only. Variations to this must be negotiated with the Deputy Principal
- This application requires the approval of my parent(s)/carer(s), teachers, tutor and Head of House
- **If required by the College, I must attend school during my Study Leave**
- If I do not maintain an acceptable standard, permission for Study Leave will be withdrawn
- I must sign in at the Campus Office and make myself aware of notices on the daily bulletin upon arrival, and maintain regular contact with my tutor
- **If I am present at the College on the morning I have Study Leave I must attend tutor**
- I am required to uphold the conditions of Study Leave outlined in the accompanying letter

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students please indicate in the space provided your requested day, the subjects you are enrolled in and the names of your teachers. You will need to ask these teachers to recommend you for Study Leave. Once completed, give this form in person to your Head of House for approval.

Day requesting Session 1 Study Leave				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Teachers:** When making your recommendation for Study Leave please consider punctuality, cooperation, completion of set work and attitude to study. If you have any further concerns, please contact the student's Head of House.

Line	Subject	Teacher	Recommend Study Leave	Comments	Teacher's Signature
1			Yes <input type="checkbox"/> No <input type="checkbox"/>		
2			Yes <input type="checkbox"/> No <input type="checkbox"/>		
3			Yes <input type="checkbox"/> No <input type="checkbox"/>		
4			Yes <input type="checkbox"/> No <input type="checkbox"/>		
5			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tutor			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Head of House Comment: \_\_\_\_\_

Head of House Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved   
(return form to office)

Approval letter issued   
(place on student file)  
(update leave on SIMON)

Not Approved

Head of House meeting with student