



GOOD COUNSEL COLLEGE

One Spirit in Christ

Student Leave Application Form

To be completed by parents when requesting absence of leave for a student from school

All requests for leave must be submitted to the principal **well before the required date**.
Requests received within 24 hours, on the day or after the required date may not be considered.

Student Name: _____ Year Level: _____

First Day of Leave: _____ Last Day of Leave: _____

Reason for Leave

- ☐ Long term student illness. **Medical documentation must be provided.**
- ☐ Bereavement/immediate family illness/very significant family event (for which evidence is required)
- ☐ Sporting participation in school based, recognised sports at a District, State, National or International level.
Documentation must be provided.
- ☐ Participation in a recognised cultural activity at a District, State, National or International level.
Documentation must be provided.
- ☐ Participation in a recognised academic activity.
- ☐ Other

To ensure that your application is given full consideration, please provide all details in full.

Reason for Absence: _____

Where leave is within guidelines, there is an expectation that staff do everything in their power to catch up the teaching and learning however this may not always be possible, particularly during periods of critical learning. Likewise, alternative assessment must remain fair and just to ALL students.

The college has scheduled its academic program so that students in regular and consistent attendance have the potential to meet all requirements of completion of the units of study. The college operates under a very prescriptive set of obligations from the Queensland Curriculum and Assessment Authority in most subjects. **Students who do not complete adequate assessment may be ineligible to be credited with the whole semester unit of study on their Reports. In Years 11 and 12, this may mean that the student is not credited for the unit of study for their Queensland Certificate of Education (QCE) and ATAR.** They must complete the mandatory elements of each course. Regardless of the leave being within / not within the guidelines, please be aware that this may have a negative impact on the student's educational outcomes.

Parent/Carer Name: _____

Signature: _____ Date: _____

By signing this form, you acknowledge that you have read and are aware of the terms and conditions of the leave agreement.

OFFICE USE ONLY _____

Leave within Guidelines ☐ Yes ☐ No Principal's Signature: _____ Date: _____

Leave entered in eMinerva by: _____

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