



CATHOLIC REGIONAL COLLEGE CAROLINE SPRINGS

Extended Holiday Absence from Classes

Name of Student and Homeroom: _____

Homeroom teacher: _____

Last day/date at school will be: _____

Returning to school on: _____

Number of school days to be missed: _____

During my absence I understand that:

1. I will discuss any work that I will miss while absent with the relevant teachers prior to leaving.
2. Assignment type assessments can be submitted prior to the due date, however any submissions after the due date will result in a score of zero.
3. Test and Exam type assessments that are missed will result in a score of zero, which will contribute to my overall score for that subject.

Please fill in below all subjects which you study, see each of your teachers to let them you are going to be away and then obtain their signature on this form.

SUBJECT	Assessment Missed (Y/N)	SIGNATURE
Religious Education		
English		
Mathematics		
Science		
Humanities		
Health & Physical Education		

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT/CARER SIGNATURE: _____ DATE: _____

HOMEROOM TEACHER: _____ DATE: _____

Please hand back to reception when **everyone** has signed the form.