



LEAVE OF ABSENCE FROM SCHOOL EXPERIENCE

This form is to be completed by the student on the first day she/he returns to school following any absence.

When completed this form should be returned to the Principal/School Co-ordinator to be forwarded to the University at the end of the practice. If the student does not return to the school, details should be completed by the school.)

Students Name:		
School:		
No. of Days Absent:		
Dates of Absence : From		To (inclusive)
Reason for Absence:		
Medical Certificate Forwarded to University: Yes / No		
Signature of Student:		
Signature of Mentor Teacher:		
Signature of Principal/Co-ordinator:		
Date:		