



WOODVALE SECONDARY COLLEGE

ABSENCE REQUEST FORM

Student Name(s)	
Year(s)	
Date of Requested Absence Commence	
Date of Requested Absence Concludes	

Reason for Absence

Parent/Caregiver Signature: _____

Date: _____

You can submit this form by:

1. Saving this form to your device, completing the form through a PDF reader, re-saving completed form to your device and then attaching the file to an email (Woodvale.SC.Absentee@education.wa.edu.au)
2. Printing off form, completing by hand and either delivering the original paper copy to Student Services or scanning and then attaching the file to an email (Woodvale.SC.Absentee@education.wa.edu.au)

Office Use Only

Request: Approved Unapproved Limited

Signed _____ Date: _____