

# Riverside Girls High School



## Request for Early Leave Pass

Name \_\_\_\_\_ Year \_\_\_\_\_ Roll Class \_\_\_\_\_

Day and Date of Early Leave Pass \_\_\_\_\_

Time of Leaving School \_\_\_\_\_

Reason for leaving school early \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

*Signature must be your Parent, Guardian or Care Giver*

Approved by: \_\_\_\_\_

**Please take this note to Mr Teece or Mr Slow before 8.55 am on the day or the day prior to the leave.**

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