

ICA Student Leave Application

International College of Auckland

PLEASE NOTE: All students are responsible for information their teacher

Please complete all parts of this form relevant to you.

Your application must be signed and approved before processing.

FAMILY NAME: _____ GIVEN NAME: _____

ENGLISH NAME: _____ TEACHERS NAME: _____ OR STREAM: _____

PREFERRED TITLE: Mr ___ Miss ___ Ms ___ ID No: _____

Postal Address (In New Zealand) Overseas Address (only if applicable)

Ph.No: _____ Ph No: _____

REASON FOR LEAVE: _____

DATE OF LEAVE: _____ DATE OF RETURN: _____

TOTAL _____ DAY(s), WEEK(s), MONTH(s)

STUDENT SIGNATURE: _____

Leave approved by Principal _____ / _____ / _____

Leave approved by Director of Studies _____ / _____ / _____

Leave approved by Registrar _____ / _____ / _____