

Queenstown Primary School

20 Robins Road, Queenstown
Phone (03) 442 9120 Fax (03) 442 9543
Email admin@queenstown.school.nz
Web www.queenstown.school.nz



Absence/Leavers Form

Student Name: _____ Room number: _____

Student Name: _____ Room number: _____

Student Name: _____ Room number: _____

Holiday/Special Leave

The above student/s will be away from QPS:

From (first day of holiday) _____ to (first day back at school) _____

Total no of days/ weeks away _____ Reason: _____

Signed: _____ Date: _____

Contact phone/email while away: _____

Extra-Curricular Programme Leave

The above student/s will be attending the _____ programme on the following

dates: _____ Number of days in total: _____

We agree to work in partnership to ensure there is no loss of learning.

Signed: _____ Date: _____

Leavers (PLEASE ENSURE YOUR STUDENT ACCOUNT HAS BEEN SETTLED)

The above student/s will be leaving QPS on (last day of attendance): _____

We will be transferring to (School name): _____

We will be going overseas (Country): _____

Forwarding address: _____

Signed: _____ Date: _____

**SEEN BY
PRINCIPAL:**