

APPLICATION FORM FOR LEAVE OF ABSENCE

Please complete this form and return it to the school where the application is made.

(A) Particulars of child

Name:	Gender : Male
Nationality: Singapore Citizen Permanent Resident	BC No/NRIC/Entry/Re-Entry Permit:
Date of Birth: Day _____Month _____Year _____	
School currently attending in Singapore:	Level & Stream:
	Year Attending:
Name of School Overseas (if available):	Level:

(B) Particulars of Parents

	Father	Mother
Name:		
NRIC No/Entry/Re-Entry Permit:		
Nationality:		
Occupation:		

(C) Contact information

Parent's Contact Details (Compulsory)	
Overseas Correspondence Address:	
Overseas Tel No:	Overseas Fax No:
Email Address:	
Local Contact Details (To be completed ONLY if you wish to direct LOA correspondence to a local address)	
Name of contact person in Singapore:	
Singapore Correspondence Address:	
Singapore Contact No:	
Email Address of contact person:	

(D) Application for Leave of Absence from school

Reason for the application (<i>Please attach supporting documents</i>): Overseas Posting Business Company related training
Estimated period of stay overseas is from _____ to _____ (DDMMYY) (DDMMYY)
Application for this calendar year is for the period from _____ to _____ (DDMMYY) (DDMMYY)

(E) Application for Singapore Student Learning Space Account

Request for access to Student Learning Space (SLS) Account Yes No

SLS is an online learning platform which will allow students to keep in touch with the national curriculum.

(F) Declaration By Parent

1. I accept all the conditions and terms regarding the Leave of Absence Scheme (LOA). 2. I understand that I will need to re-apply for my child's Leave of Absence status by November each year for the following year, together with the LOA fees. 3. I understand that all LOA correspondence will be sent to my overseas correspondence address, unless otherwise stated and I should inform the school promptly of any changes to my contact information.
_____ Name and Signature of Father Mother
_____ Date

(G) For Official Use:

This application is approved/not approved* for the period (max 12mths in a calendar year): _____(mth) to _____(mth) _____(yr)
The amount of fees to be paid for period of absence is \$_____
_____ Name and Signature of Principal
_____ Date
_____ Name of school

**Please delete accordingly*

Note:

1. For LOA periods of less than a year, the annual LOA fee should be pro-rated accordingly.