



Burwood Girls High School

'EARLY LEAVERS' REQUEST

STUDENT'S
FAMILY NAME: _____

STUDENT'S
FIRST NAME: _____

YEAR: 7 8 9 10 11 12 (please circle one)

DATE: _____

LEAVING SCHOOL AT: _____ AM / PM

RETURNING TO SCHOOL AT (if applicable): _____ AM / PM

REASON: _____

SIGNED (PARENT/CARER): _____

DATE: _____

Hand this note to your Roll Call teacher.

When it is time to leave, go to the front office and collect your leave pass before exiting the school grounds.



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