

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 / Female*
Nationality: Singapore Citizen / Permanent Resident*	BC / NRIC / Entry/Re-Entry Permit No.*:
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 / Entry/Re-Entry Permit No.*:		
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 <u>ONLY</u> 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 *(Please attach supporting documents)*:

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 12 months in a calendar year):
_____(month) to ____ (month) _____ (year)

The fees to be paid for period of absence is \$ _____

Name and signature of Principal

Name of school

Date

Note: For LOA periods of less than one year, the annual LOA fee should be pro-rated accordingly.

**Please delete accordingly*