



Term-Time Absence Intentions

(for reasons other than illness)

Point Chevalier School | Rangi-mata-rau

I am notifying the school of my intention to take our child/ren out of school during term time.

Date of notification of intentions:

Name of child:	
Room:	
Name of child:	
Room:	
Name of child:	
Room:	
Reason for term-time absence:	
Destination:	

Last day/date of school:	Returning to school day/date:	Parent/Caregiver signature:

This form must be signed and returned to the office or emailed to reception@ptchev.school.nz

TERM-TIME ABSENCE ACKNOWLEDGEMENT

Thank you for your Term-Time Absence Intentions for _____ school days.

Request processed by: (member of SLT) <input type="checkbox"/> Justified absence <input type="checkbox"/> Unjustified absence	Copy given to: <input type="checkbox"/> Teacher <input type="checkbox"/> Whānau	Uploaded to Hero: <input type="checkbox"/> Yes	Attendance Information shared with whānau: <input type="checkbox"/> Yes <input type="checkbox"/> No
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