

rescheduled subject to Section SLT

Medical Leave Certificate attached

Other valid evidence attached

approval

Sign:

WSS Student Mid-Term Emergency Leave Application

Format updated: 22/5/24

Student name	Class	ID:	Leave from (date)): Will	return to s	chool on (date):
Reason for leave:			l	l l		
Dear WSS Principal,						
Due to an emergency, we	request Tern	n-time leave	for our child/child	ren as abo	ve, as a	special case. We
understand that:	1 T C	.1 15		1	6.20.1	1 .
• As per the Authority rule, Leave of more than 15 consecutive days, or a total of 30 days during any one academic year, may lead to my child failing to be promoted to the next year group.						
 Leave during Term time in 	-		-		lence):	
1. Medical Leave of child (evidence – Medical Leave Certificate)						
 Bereavement of a close family member (evidence – Death Certificate) Umrah /Haj (evidence - Visa or flight tickets) 						
) (evidence - Appo	<mark>intment le</mark> t	tter/card)	
• Missed Term exams (ex		* *	·			<u> </u>
which would therefore be Assessment mark will be		•		~		
compulsory.	grven on the	Term report	115 per 51 211, acc		1 10 1101	
• School will process this	Leave form s	subject to no p	pending school fees	S.		
Parent sign: Date:						
Parent contact:						
Cashier/Accounts Officer sign:					Date:	
(there are no pending fees for the leave period as above):					2 4.00.	
√ Principal comments:						
Leave is Approved:		Leave is not			o be failed in T3 PEA & Report data if ontinuous assessment continuous assessment	
 Give continuous assessment : Report Grades 	mark for	grade (50%) f	cs for exams & pass for Report Grades	continuous a		
Mid-Term Assessment may be	he	Assessments rescheduled	not to be	grades are F	an	√ approved date, or if a FD

This is for information only

No MC for student attached

Comments:

Date:

Not Medical Leave.

No Evidence attached Evidence attached is inadequate.

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