



Ashfield Boys High School
'EARLY LEAVERS' REQUEST

FAMILY NAME: _____

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: _____

Place this note in the 'Early Leavers' box at the front office before school for approval. When it is time to leave, collect your Early Leavers Pass from the front office.



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