REQUEST FOR AN EARLY LEAVER'S PASS



		ool Girls' High School R EARLY LEAVER'S PASS	I_{G}
Student's Name: First Nam	ne:	Family Name:	215
	oll Class:		
•			
Reason for request for leave: Parent / Caregiver signature:			
Parent / Caregiver signature.			DP Authorisation Stamp
		FRONT OFFICE ON LEAVING	Before 8:45 am
		VER'S PASS FROM THE OFFICE	
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	Liverpo	ool Girls' High School	
	REQUEST FO	R EARLY LEAVER'S PASS	Н
Student's Name: First N	lame:	Family Name:	
	oll Class:		
Data to logyo parky from scho	ool:		
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·			
Parent / Caregiver signature:			DP Authorisation Stamp Before 8:45 am
Parent / Caregiver signature: Date:			
Date:		FRONT OFFICE ON LEAVING	
Date:	MPED FORM TO THE	FRONT OFFICE ON LEAVING VER'S PASS FROM THE OFFICE	
Oate:YOU MUST GIVE THIS STA	MPED FORM TO THE AND RECEIVE A LEA	VER'S PASS FROM THE OFFICE	
Oate:YOU MUST GIVE THIS STA	MPED FORM TO THE AND RECEIVE A LEA		
Oate:YOU MUST GIVE THIS STA	MPED FORM TO THE	VER'S PASS FROM THE OFFICE	
Oate: OU MUST GIVE THIS STA OU NEED TO SWIPE OUT	MPED FORM TO THE AND RECEIVE A LEA	VER'S PASS FROM THE OFFICE	
Oate:	Liverpo	ver's pass from the office	IG Hy
Oate:	Liverpo	ool Girls' High School R EARLY LEAVER'S PASS Family Name:	
Oate:	Liverpo REQUEST FOI	ool Girls' High School R EARLY LEAVER'S PASS Family Name:	
Oate:	Liverpo REQUEST FOI	ool Girls' High School R EARLY LEAVER'S PASS Family Name:	
Oate:	Liverpo REQUEST FOI lame:	pool Girls' High School R EARLY LEAVER'S PASS Family Name: Roll Teacher:	