Craigieburn Secondary College
Student Extended Absence Plan

Students Name: ____________________________ Year Level _______ Date: ____________

Reason for Absence: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Date of last day of school: _______________ Date of return to school: _______________

Homework / Tasks for the student to undertake whilst away from school:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Homework/Tasks</th>
<th>Teacher Initials</th>
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Resources Needed: ________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Useful Links______________________________________________________________
______________________________________________________________________________

Contact Details of school:

School email: Junior School  junior@craigieburnsc.vic.edu.au  Phone: 039308 1144
Middle School  middle@craigieburnsc.vic.edu.au
Senior School  senior@craigieburnsc.vic.edu.au

Signature of Parent/Carer ____________________________ Date _________________

Signature of Principal/ YLC ____________________________ Date _________________