

Vice-Principal

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Date:			Updated Apr 2025
			EAVE DURING SCHOOL DAYS least 7 days in advance of leave period)
Full name of Pupil: _			Class:
Period of leave reque	ested for:		
Date(s):	From	to	(dd/mm/yyyy)
Time (if not full day):	From	to	(time)
I would like my child	to be away from so	chool for the foll	owing reason, with supporting documents attached to this forn
During the period of	leave, my child will	be:	
☐ Staying wit	thin Singapore		
☐ Traveling o	out of Singapore,	please indicate	destination and dates (dd/mm/yyyy):
Destination	n:		
Leaving Singapore:			Returning Singapore:
I am aware that in ac	ldition to lessons, r	my child will mis	s the following summative assessments:
			asons that are <u>not</u> official (e.g. examinations, competitions), medical values that the school hopes to inculcate.
Name and Signature of Parent/Guardian:			Email: Contact Number :
application by the Fo	rm Teacher.		of the Leave application within 5 working days upon receipt of th
			FFICIAL USE ONLY
☐ Received – I had and assessment	•	irent on the imp	ortance of education and the potential impact to the child's studie
Name & Signature of Form Teacher			Date
	child during the sta		our child will be absent from school. Summative assessment not be graded and may impact the final score of the subject in the
☐ <b>Approved</b> – The arrangements w	e school approves ill be made for the	your child's abs	ence from school. Your child will either be exempted or alternative essment, at the school's discretion.

Date