Request for Early Leaver Pass must be submitted (Text message, phone call, email) to the Attendance Office between 8.30 - 8.55am on the day the pass is required.

Early Leaver Pass Request must include:

- Student Name and Year
- Time and date for Early Leaver Pass
- Parent name and contact
- Reason for pass request
- Name, contact and time of appointment

Early Leaver Pass will be either provided immediately or made available for pick up at Lunch 1 at the Attendance Office



Request for an Early Leaver Pass after 8.55am:

- Parent/Guardian is to report to the Front Office and complete a Request for Early Leaver Pass form.
- Once the form is completed and approved, the student will be called to the front office at the earliest convenience



Please Note:

- No student will be able to leave the school grounds early without an approved Early Leavers Pass (unless they
 are a senior with a flexible timetable and have followed sign-out processes)
- No Early Leaver Passes will be approved by parent/guardian phone call from the car outside the school.
- No Early Leaver Passes will be approved from a student mobile phone contact to parent/guardian
- No Early Leaver Passes will be approved for a student to attend paid employment. It is illegal.



Department of Education Policy and Procedure excerpt

Parents must ensure their children who are enrolled at school attend every day the school is open for their instruction

Regular attendance at school is essential to assist students to maximise their potential.

KKHS Process – Request slip for Early Leaver Pass (Front Office Parent Request)

KKHS Request for Early Leav	ver Pass	Date:	Time Requested:	
Student Name:				
Year:				
Parent/Guardian Name:				
Contact number:				
Reason for Early Leavers Pass:				
Name, contact and time of appointment	ent:			
Approved: YES / NO	Sign:			
KKHS Request for Early Leav	ver Pass	Date:	Time Requested:	
Student Name:				
Year:				
Parent/Guardian Name:				
Contact number:				
Reason for Early Leavers Pass:				
Name, contact and time of appointment	ent:			
1 1/50 / 110	6:			
Approved: YES / NO	Sign:			
KKHS Request for Early Leav	ver Pass	Date:	Time Requested:	
Student Name:				
Year:				
Parent/Guardian Name:				
Contact number:				
Reason for Early Leavers Pass:				
Name, contact and time of appointment	ent:			
Approved: YES / NO	Sign:			