

NEWPARK COMPREHENSIVE SCHOOL



APPLICATION FOR TRANSITION YEAR LEAVE.

Student name: _____ Form Group: _____

Proposed dates: From _____ To: _____

<p>Proposed activity:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Contact name for activity: _____

Address: _____

Phone number: _____

Email: _____

Signed Parent / Guardian: _____

Approved (TY Coordinator / Year Leader): _____

Approval is granted on the basis that the student will complete a diary of the time away from the main programme. Work Experience and Activity Week dates should be maintained rigidly and application for change will only be in EXCEPTIONAL circumstances.