# FORM ONE

# Request for Student Free Days and Notification of School Closure Days

# (DOBCEL Primary and Secondary Schools)

## Request to the Executive Director, Ballarat Catholic Education

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School requests the following:

|  |  |
| --- | --- |
| **Commencement Date for Staff** |  |
| **Commencement Date for Students** |  |
| **Final Date for Students** |  |
| **Final Date for Staff** |  |

**Student Free Days**

|  |  |
| --- | --- |
| **Date** | **Purpose** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Local School Closure Days** *(if applicable)*

|  |  |
| --- | --- |
| **Date** | **Purpose** |
|  |  |
|  |  |

These events have been planned with the School Leadership team and discussed with the School Advisory Council and Education Consultant.

Signed (Principal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please email this request to* [*squinn@dobcel.catholic.edu.au*](mailto:squinn@dobcel.catholic.edu.au) *Please remember to add all student free days to the Student Activity Locator.*

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(Office Use Only)   
Authorised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_