

RESTRICTED

Annex A



**MINISTRY OF EDUCATION**

1, North Buona Vista Drive  
MOE Building, Singapore 138675  
Tel: 68722220

**APPLICATION FORM FOR LEAVE OF ABSENCE**

Please complete this form and return it to the school where the application is made.

**(A) Particulars of Child**

Name:	Gender : Male / Female*
Nationality: Singapore Citizen / Permanent Resident*	BC No/NRIC/Entry/Re-Entry Permit*:
Date of Birth: Day _____ Month _____ Year _____	
School currently attending in Singapore:	Level & Stream:
	Year Attending:
Name of School Overseas (if available):	Level:

\*Please delete accordingly

**(B) Particulars of Parents**

	Father	Mother
Name:		
NRIC No/Entry/Re-Entry Permit*:		
Nationality:		
Occupation:		

\*Please delete accordingly

**(C) Contact information**

<b>Parent's Contact Details (Compulsory)</b>	
Overseas Correspondence Address:	
Overseas Tel No:	Overseas Fax No:
Email Address:	
<b>Local Contact Details (To be completed <u>ONLY</u> if you wish to direct LOA correspondence to a local address)</b>	
Name of contact person in Singapore:	

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Singapore Correspondence Address:
Singapore Contact No:
Email Address of contact person:

**(D) Application for Leave of Absence from School**

Reason for the application ( <i>Please attach supporting documents</i> ):  Overseas Posting / Business / Company related training*
Estimated period of stay overseas is from _____ to _____ (DDMMYY) (DDMMYY)
Application for this calendar year is for the period from _____ to _____ (DDMMYY) (DDMMYY)

*\*Please delete accordingly*

**(E) Declaration By Parent**

<ol style="list-style-type: none"><li>1. I accept all the conditions and terms regarding the Leave of Absence Scheme (LOA).</li><li>2. I understand that I will need to re-apply for my child's Leave of Absence status by November each year for the following year, together with the LOA fees.</li><li>3. I understand that all LOA correspondence will be sent to my overseas correspondence address, unless otherwise stated and I should inform the school promptly of any changes to my contact information.</li></ol>
_____ Name and Signature of Father/Mother*
_____ Date

**(F) For Official Use:**

This application is approved/not approved* for the period (max 12mths in a calendar year): _____ (mth) to _____ (mth) _____ (yr)
The amount of fees to be paid for period of absence is \$ _____
_____ Name and Signature of Principal Date
_____ Name of school

*\*Please delete accordingly*

**Note:**

1. For LOA periods of less than a year, the annual LOA fee should be pro-rated accordingly.