



Application for Extended Leave - Travel

To be completed by parents/guardians at least one month prior to the date of the requested extended leave.

PART A: To Be Completed By The Student's Parent/Carer

Please complete the table below with details of all students at this school associated with the period of travel. Separate applications are required for each school if siblings do not attend the same school.

Surname	Given Name	Date of Birth	Age	Year

Dates of extended leave applied for: ____ / ____ / 20____ : ____ / ____ / 20____

Number of school days:

NB: The School does not endorse extended family holidays during school time

REASON FOR TRAVEL (Including why this travel is occurring during school time)

Relevant travel documentation, such as an e-ticket or itinerary (in the case of non-flight-bound travel within Australia only), must be submitted with this application.

PART B: Details Of Prior Extended Leave - Travel (If Applicable)

DETAILS OF PRIOR EXTENDED LEAVE

From : ____/____/____ To: ____/____/____

Number of school days: _____

Copy of prior/current Certificate of extended leave attached: (Please tick one box)

YES

NO

PART C: Parent/Carer Details

Family name: _____ Given name(s): _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent and applicant, I hereby apply for a *Certificate of Extended Leave - Travel* and understand that my child will be granted a period of extended leave upon the principal's acceptance of the reason provided.

I understand that if the application is accepted:

- I am responsible for his/her supervision during the period of extended leave
- The provided period of extended leave is limited to the period indicated
- The provided period of extended leave is subject to the conditions listed on the *Certificate of Extended Leave - Travel*
- The period of extended leave will count towards my child's absences from school.

I declare the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I recognise that should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed. I further recognise that failure to comply with any condition set out in the *Application for Extended Leave - Travel* may result in the extended leave period being cancelled.

SIGNATURE OF PARENT / CARER: _____

DATE: ____ / ____ / _____

This section needs to be completed by the student and submitted with the Application for Leave form.

Name: _____Year and House Tutor Group:_____

Date of Absence: _____to_____

Subject	Work/Assessments missed – plans and implications	Classroom Teacher
Year 9,10,11,12 students		Dean of Studies

PART D: To Be Completed By The Principal

I recommend/do not recommend the Application for Extended Leave – Travel for Student

Name _____ for the period of _____

NAME OF PRINCIPAL: _____

PRINCIPAL'S SIGNATURE: _____

DATE: ____ / ____ / ____