



Application for Extended Leave – Travel

NOTE: PARTS A, B, C and D are to be completed by the student's parent/guardian and returned to the School Principal. Page 4, ***Certificate of Extended Leave – Travel*** is to be signed by the Principal and returned to you to be taken with you on your travels, once the Application for Extended Leave is approved.

PART A: STUDENT DETAILS

Please complete the table below with the 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.

FAMILY NAME	GIVEN NAME	DOB	AGE	YEAR LEVEL

Student address: _____

_____ Postcode: _____

School Name: _____

Dates of extended leave applied for: From: ___/___/___ to ___/___/___

Number of School Days: _____

Reason for Travel (including why this travel is occurring in school time)

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



PART B: DETAILS FOR PRIOR EXEMPTIONS FOR EXTENDED LEAVE (if applicable)

Date of prior exemption/extended leave: From ___/___/___ to ___/___/___

Number of School Days: ___

Certificate of prior Exemption/Extended Leave–Travel attached (Please tick): Yes: No:

PART C: PARENT/GUARDIAN DETAILS

Family Name: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone Number: _____ Relationship to Student: _____

As the Parent/Guardian and applicant, I hereby apply for a *Certificate of Extended Leave – Travel* and understand my child will be granted a period of extended leave upon acceptance by the Principal 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 any 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 a failure to comply with any condition set out in the *Application for Extended Leave – Travel* may result in the provided period of extended leave being cancelled.

Signature of Parents/Guardians: _____

Date: _____



PART D: TO BE COMPLETED BY THE PRINCIPAL

I accept this *Application for Extended Leave – Travel*
(Please tick one box):

Yes: No:

Please provide more detail here (if required):

Principal's Name: Paul Smart

Principal's Signature: _____

Date: _____



Certificate of Extended Leave – Travel

The student/s whose details appear below has been provided a period of extended leave from school for the purpose of travel.

Note: Where an application is made by a parent with more than one child a separate copy of this Certificate should be placed in each student's file.

STUDENT DETAILS

Please complete table below with details of all students associated with the period of travel:

FAMILY NAME	GIVEN NAME	DOB	AGE	YEAR LEVEL	STUDENT CODE

Student address: _____ Postcode: _____

School name: _____ School telephone: _____

Dates of extended leave applied for: From: ____/____/____ to ____/____/____

Number of school days: _____

Reason for providing the period of extended leave – vacation/ travel:

Conditions applicable to providing the period of extended leave – vacation/ travel:

It has been explained to the parent of the abovementioned student/s that they are responsible for his/her supervision during the period of extended leave.

The parent acknowledges that the period of extended leave is limited to the period indicated and acknowledges that the provided period of extended leave is subject to the conditions listed.

Principal name: *Paul Smart* Principal's signature: _____ Date: ____/____/____

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers