TO BE COMPLETED WHEN STUDENTS MISS 5 OR MORE SCHOOL DAYS.

APPLICATION FOR EXTENDED LEAVE - TRAVEL



NOTE: PART A is to be completed by the student's parent and returned to their child's school principal.

Separate applications are to be completed for each school if siblings do not attend the same school.

PART A: STUDENT DETAILS

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE	SRN
				Postcode:	
Cahaal nama					
эспооглаше					
Dates of extended leav	e applied for: From/_	/ to _	/	/	
Number of school days	: <u> </u>				
·					
Relevant travel document must be attached to this a	tation such as an e ticket or itine application.	erary (in the case	of non flight l	bound travel w	vithin Australia only
	EXEMPTIONS/EXTENDI	ED LEAVE – T	RAVEL (if	applicable)
Date of prior exemptior	n/extended leave: From:	// t	o:/	/	
Number of school days	i:				
	xemption/Extended Leave-T	ravel attached ((Please tick	☑):Yes □ N	1o 🗆
	MENTS (YEAR 7-12) ssessments due during this	period? All assu	coment dat	roc can be fo	and in the
	SSESSMENIS due duning uno	periou? Aii asso	3SSIII U III uai	es can ne io	una in ine
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It is the student's resp due to the length of a arrangements.	bsence, the student should	ld contact their	teacher to	organise al	ternative
It is the student's respondent to the length of a surrangements. Please list below asses	bsence, the student should be ssments due during your abs	ld contact their sence.		_	
It is the student's resp due to the length of a arrangements.	bsence, the student should	ld contact their sence.		organise al	

PARENT DETAILS (Applicant)					
Family name:	Given name:				
Address:	Postcode:				
Telephone number: F	Relationship to student:				
	Sertificate of Extended Leave-Travel and understand my bon acceptance by the principal of the reason provided.				
I understand that if the application is accepted:					
- I am responsible for his/her supervision durir	ng the period of extended leave				
- The provided period of extended leave is lim	eriod of extended leave is limited to the period indicated				
 The provided period of extended leave is su Leave-Travel 	period of extended leave is subject to the conditions listed on the Certificate of Extended				
complete. I recognise that should statements in th decision made as a result of this application may be	rds my child's absences from school on is to the best of my knowledge and belief; accurate and is application later prove to be false or misleading any be reversed. I further recognise that a failure to comply with ed Leave- Travel may result in the provided period of				
Signature of parent/s:	/ Date://				
PRIVACY STATEMENT					
 information that you provide will be used to process your child It will only be used or disclosed for the following purposes. General student administration relating to the educat Communication with students and parents To ensure the health, safety and welfare of students, State and National reporting purposes For any other purpose required by law. The information will be stored securely. You may access or contents.	orrect any personal information by contacting the school. If you have a has been collected, used, or disclosed, you should contact the school.				
I accept this Application for Extended Leave- Trave	el (Please tick one box ☑):				
Yes □ No □					
Please provide more detail here (if required):					
Principal's name (please print): Darren Cox	Telephone number: 8806 6300				
Signature of principal:	/ Date://				
Note: Please complete the Certificate of Extend	ded Leave - Travel if requested leave is to be provided.				