

Application for Extended Leave - Travel

To be completed by the student's parents for Extended Leave for travel of 6 or more days.

STUDENT DETAILS

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE

Address: _____

_____ Postcode: _____

Date of extended leave applied for: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days: _____

Reason for travel:

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

Note: Where the reason for application for extended leave of more than 20 school days, copies of travel documentation should be included with the application.

Does your child have any assessment tasks during the period requested? **YES / NO**

Note: If an assessment task is scheduled during the period of requested extended leave and the student is unable to complete the task before the absence period, a 0% will be issued.

Would you be prepared for your child to do school work while absent? **YES / NO**

DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)

Date of prior/current extended leave/exemption from: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days: _____

Copy of Certificate of Extended Leave attached: (Please tick one box) Yes ☐ No ☐

PARENT DETAILS

Family name: _____ Given name(s): _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student/s: _____

As the parent of the above mentioned student/s, I hereby apply for a Certificate of Extended Leave – Travel and understand my child/ren 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 my child/ren's supervision during the period of extended leave
- the extended leave is limited to the period indicated
- the extended leave is subject to the conditions listed on the Certificate of Extended Leave Travel
- the extended leave will count toward my child/ren'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 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 applicant/s: _____

Date: ____ / ____ / ____