



APPLICATION FOR EXTENDED LEAVE - TRAVEL

PART A: Student Details

Once you have completed and signed this application please return this form to the Student Services Office or Email: absent@redbendcc.nsw.edu.au

Family name:	Given name/s:	DOB	Age	Grade
Student/s address:				
			Postcode:	

DATES OF EXTENDED LEAVE APPLIED FOR:

Date of prior extended leave from: _____ to _____

Number of school days: _____

Reason for Travel:

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.

DETAILS OF PRIOR / CURRENT EXEMPTIONS or APPLICATION FOR EXTENDED LEAVE - TRAVEL (if applicable)

Date 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





PARENT / CARER DETAILS

Family name:	Given name(s):
Address:	
Postcode:	
Phone:	Relationship to student:

As the parent 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 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 PARENT / CARER: _____ **DATE:** ____ / ____ / ____

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