



## APPLICATION FOR EXTENDED LEAVE - TRAVEL

### PART A: Student Details

| Family name:              | Given name/s: | DOB      | Age              | Grade    |
|---------------------------|---------------|----------|------------------|----------|
| <br><br>                  | <br><br>      | <br><br> | <br><br>         | <br><br> |
| <b>Student/s address:</b> |               |          |                  |          |
|                           |               |          | <b>Postcode:</b> |          |

### DATES OF EXTENDED LEAVE APPLIED FOR:

Date of extended leave from: \_\_\_\_\_ to \_\_\_\_\_

Number of school days: \_\_\_\_\_

Reason for Travel:

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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

|                     |                                 |
|---------------------|---------------------------------|
| <b>Family name:</b> | <b>Given name(s):</b>           |
| <b>Address:</b>     |                                 |
| <b>Postcode:</b>    |                                 |
| <b>Phone:</b>       | <b>Relationship to student:</b> |

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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

