# **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

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

| Family name   | Given name   | DOB | Age       | Grade | SRN |  |
|---|--------------|-----|-----------|-------|-----|--|
|   |              |     |           |       |     |  |
|   |              |     |           |       |     |  |
|   |              |     |           |       |     |  |
|   |              |     |           |       |     |  |
|   |              |     |           |       |     |  |
|   |              |     |           |       |     |  |
| Student address:  |              |     | Postcode: |       |     |  |
| School name   |              |     |           |       |     |  |
| Dates of extended leave appli   | ed for: 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 attached to this application. |              |     |           |       |     |  |

### Details of prior exemptions/extended leave – travel (if applicable)

| Date of prior exemption/extended leave: From | to |  |
|--|----|--|

Number of school days:

Copy of Certificate of Exemption/Extended Leave - Travel attached: Yes No



### Parent details (applicant)

| Family name:   | Given name:  |       |  |
|--|--|-------|--|
| Student address:   | Postcode:  |       |  |
| Phone number:  | Relationship to student:   |       |  |
| As the parent and applicant, I hereby apply for a Ce understand my child will be granted a period of ext principal of the reason provided.   |  |       |  |
| I understand that if the application is accepted:  |  |       |  |
| <ul> <li>I am responsible for his/her supervision during the</li> </ul>  | he period of extended leave  |       |  |
| The provided period of extended leave is limited   | to the period indicated  |       |  |
| <ul> <li>The provided period of extended leave is subject<br/>Certificate of Extended Leave - Travel</li> </ul>  | to the conditions listed on the  |       |  |
| The period of extended leave will count towards  | my child's absences from school  |       |  |
| I declare the information provided in this application belief; accurate and complete. I recognise that show prove to be false or misleading any decision made a reversed. I further recognise that a failure to comply Application for Extended Leave - Travel may result leave being cancelled. | uld statements in this application late<br>as a result of this application may be<br>with any condition set out in the |       |  |
| Signature of parent/s:   | С  | Date: |  |

#### **Privacy statement**

The Department of Education is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's *Application for Extended Leave - Travel* during the period indicated.

It will only be used or disclosed for the following purposes.

- General student administration relating to the education and welfare of the student
- Communication with students and parents
- To ensure the health, safety and welfare of students, staff and visitors to the school
- State and National reporting purposes
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.



### Part B: To be completed by the principal

| I accept this Application for Extended Leave - Travel: Yes | No            |       |
|--|---------------|-------|
| Please provide more detail here (if required):             |               |       |
|  |               |       |
|  |               |       |
|  |               |       |
|  |               |       |
|  |               |       |
| Principal's name:  | Phone number: |       |
| Signature of principal:                                    |               | Date: |
|  |               |       |

Note: Please complete the Certificate of Extended Leave - Travel if requested leave is to be provided.



## Certificate of extended leave - travel

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

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.

DOB

Age

Grade

**SRN** 

#### Student details

Family name

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

Given name

| Student address:  |                             |                 |                |              |         |
|---|-----------------------------|-----------------|----------------|--------------|---------|
|   |                             |                 |                | Postcode:    |         |
| School name   |                             |                 |                |              |         |
| Dates of extended leave appli                                   | ed for: From                | to              |                |              |         |
| Reason for providing the period                                 | od of extended leave:       |                 |                |              |         |
|   |                             |                 |                |              |         |
| Conditions applicable to provi                                  | ding the period of extended | leave:          |                |              |         |
|   |                             |                 |                |              |         |
|   |                             |                 |                |              |         |
| It has been explained to the p<br>supervision during the provid |                             | d student/s tha | t they are res | ponsible for | his/her |
| The parent understands that acknowledges that the provice       |                             |                 |                |              |         |
| Principal's name:   |                             |                 |                |              |         |
| Signature of principal:   |                             | Date            | ·              |              |         |

This certificate has been issued without alteration and must be produced when

requested by police or other authorised attendance officers.