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:			
 I am responsible for his/her supervision during the 	he period of extended leave		
The provided period of extended leave is limited	to the period indicated		
 The provided period of extended leave is subject Certificate of Extended Leave - Travel 	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 as a result of this application may be 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 prov	iding the period of extended	leave:			
It has been explained to the p 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	<u>:</u> :		~ >

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

requested by police or other authorised attendance officers.