

APPLICATION FOR EXTENDED LEAVE – TRAVEL



Education &
Communities

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: Cronulla South Public School

Dates of extended leave applied 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 (Please tick): Yes No

PARENT DETAILS (Applicant)

Family name: _____ Given name: _____

Address: _____ Postcode: _____

Telephone number: _____ 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/s: _____ Date: ____/____/ ____

PRIVACY STATEMENT

The Department of Education and Communities 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* (Please tick one box

Yes No

Please provide more detail here (if required):

Principal's name (please print): Dr Neil Lavitt Telephone number: 9523 5649

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



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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.

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

Address: _____ Postcode: _____

School name: Cronulla South Public School School's telephone: 9523 5649

Dates of extended leave: From ___/___/___ to ___/___/___

Reason for providing the period of extended leave:

Conditions applicable to providing the period of extended leave:

- Meet with classroom teacher

- Provide plan of educational support during period away

- Provide evidence of this work when the student returns

It has been explained to the parent of the above mentioned student/s that they are responsible for his/her supervision during the provided period of extended leave.

The parent understands that the period of extended leave is limited to the period indicated and acknowledges that the provided period of extended leave is subject to the conditions listed.

Principal name: Dr Neil Lavitt Principal signature: _____ Date: ___/___/___

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officer