# **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	:

Student address:		Postcode:
School name		
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: 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 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 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 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 provi	ding 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	·		

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

requested by police or other authorised attendance officers.