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 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

Parent details (applicant)

Family name

. a.r.iig riairio	S. V. S. T. T. G. T.
Student address:	Postcod
Phone number:	Relationship to student:
	oply for a Certificate of Extended Leave-Travel and period of extended leave upon acceptance by the
I understand that if the application is a	ccepted:
 I am responsible for his/her supervis 	ion during the period of extended leave
The provided period of extended lea	ve is limited to the period indicated
The provided period of extended lea Certificate of Extended Leave - Trav	ve is subject to the conditions listed on the el
The period of extended leave will col	unt towards my child's absences from school
belief; accurate and complete. I recogn	is application is to the best of my knowledge and ise that should statements in this application later ision made as a result of this application may be

Given name

Signature of parent/s:

leave being cancelled.

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.

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

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 provid					
Principal's name:					
Signature of principal:		Data			

Date:

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

