# **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:  |            |     |     |       |     |  |
|   |            |     |     |       |     |  |
| 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 s   | student:                                       |             |  |  |
| understand my o   | ·  |   |  |             |  |  |
| I understand tha  | at if the application is accepted:   |   |  |             |  |  |
| <ul> <li>I am responsi</li> </ul>   | ible for his/her supervision during the pe   | eriod of extended   | leave  |             |  |  |
| The provided  | period of extended leave is limited to the   | ne period indicate  | ed   |             |  |  |
|   | period of extended leave is subject to the Extended Leave - Travel   | he conditions liste   | ed on the                                      |             |  |  |
| The period of extended leave will count towards my child's absences from school |  |   |  |             |  |  |
| belief; accurate a<br>prove to be false<br>reversed. I furthe                   | ormation provided in this application is to<br>and complete. I recognise that should st<br>for misleading any decision made as a refer recognise that a failure to comply with<br>Extended Leave - Travel may result in the<br>celled. | tatements in this<br>result of this appli<br>h any condition se | application I<br>cation may I<br>et out in the | later<br>be |  |  |
| Signature of parent   | t/s:   |   |  | 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.

#### 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 leav   | e applied for: From  | to  |                  |                |         |  |
| Reason for providing the period of extended leave:   |  |     |                  |                |         |  |
|  |  |     |                  |                |         |  |
| Conditions applicable to providing the period of extended leave:   |  |     |                  |                |         |  |
|  |  |     |                  |                |         |  |
|  | o the parent of the above m<br>provided period of extended |     | that they are re | esponsible for | his/her |  |
| 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's name:  |  |     |                  |                |         |  |
| Signature of principal:  |  |     | Date:            |                |         |  |

