

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: _____

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.

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

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: ____/____/____

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.

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): _____ Telephone number: _____

Signature of principal: _____ Date: ____/____/____

Note: Please complete the Certificate of Extended Leave - Travel if requested leave is to be provided.