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 | |
|---|------------|-----------|-----|-------|-----|--|
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| | | | | | | |
| 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: | P | 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 | | | | |
| 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 <i>Application for Extended Leave - Travel</i> may result in the provided period of extended leave being cancelled. | | | | |
| 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): | | |
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| | | |
| 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.

