**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 / / Number of school days:

to / /

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 (Please tick 0):Yes D No D

**PARENT DETAILS (Applicant)**

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: / /

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**PRIVACY STATEMENT**

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.

## PART B : TO BE COMPLETED BY THE PRINCIPAL

I accept this *Application for Extended Leave- Travel* (Please tick one box 0): Yes D No D

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.**