

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student address: Postcode:

School name

Dates of extended leave applied for: From to

Number of school days:

Reason for travel

PLEASE SPECIFY WHERE YOU ARE TRAVELLING TO AND IF IT IS OVERSEAS PLEASE ATTACH A COPY OF YOUR TICKET INFORMATION 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 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:

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.

