

TAMWORTH

25 Boronia Drive, Tamworth NSW 2340 **Ph:** (02) 6762 0970 | **E:** admin@carinya.nsw.edu.au

GUNNEDAH

46 Elgin Street, Gunnedah NSW 2380 Ph: (02) 6742 2766 | E: gunnedah@carinya.nsw.edu.au

Application for Extended Leave – Vacation/Travel

NOTE: PART A is to be completed by the student's parent and returned to their child's school principal.

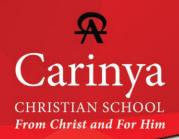
PART A: STUDENT DETAIL	_S
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Please complete table below with details of all students associated with the period of travel:

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE
			_ Postcode:	
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.





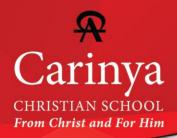
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PART A: DETAILS OF PRIOR EXEMPTIONS/EXTENDED LEAVE – VACATION/TRAVEL (if applicable)					
Date of prior exemption/extended leave: F	From:/to/				
Number of school days:	<u> </u>				
Copy of Certification of Exemption/Extended Leave –Travel attached (Please tick ☑) Yes ☐ No ☐					
PARENT DETAILS (Applicant)					
Family name:	Given Name:				
Address:	Postcode:				
Telephone number:Relationship to student:					
	ly for a Certificate of Extended Leave-Vacation/Travel and iod of extended leave upon acceptance by the principal of the				
• •					
— I am responsible for his/her supervision during the period of extended leave — The state of					
 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 <i>Certificate of Extended Leave-Vacation/Travel</i> 					
 The period of extended leave will cour 	nt 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-Vacation/Travel</i> may result in the provided period of extended leave being cancelled.					
Signature of parent/s:					



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PART B: TO BE COMPLETED BY THE PRINCIPAL

I accept this <i>Application for Extended Leave-Vacation/Travel</i> (Please tick one box ☑):	
Yes No	
Please provide more detail here (if required):	
	_
Principal's name:	Telephone number:
Signature of Principal:	Date:

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

