

## 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 DETAILS

Please complete table below with details of all students associated with the period of travel:

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE

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.

**PART A: DETAILS OF PRIOR EXEMPTIONS/EXTENDED LEAVE – VACATION/TRAVEL (if applicable)**

Date of prior exemption/extended leave: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of school days: \_\_\_\_\_

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: \_\_\_\_\_

As the parent and applicant, I hereby apply for a *Certificate of Extended Leave-Vacation/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-Vacation/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-Vacation/Travel* may result in the provided period of extended leave being cancelled.

Signature of parent/s: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART B: TO BE COMPLETED BY THE PRINCIPAL**

I accept this *Application for Extended Leave-Vacation/Travel*  
(Please tick one box ☒):

Yes ☐ No ☐

Please provide more detail here (if required):

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Deputy Principal's name: Peter Weary

Telephone number: 02 6762 0970

Signature of Deputy Principal: \_\_\_\_\_

Date: \_\_\_\_\_

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