

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.

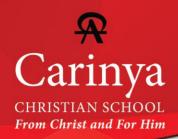
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Please complete table below with details of all students associated with the period of travel:

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE
Student address:				
			_ Postcode:	
School name:			_	
Dates of extended leave	applied for: From: /	/ to/	/	
Number of school days:				

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.





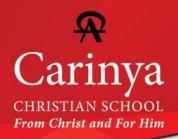
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PART A: DETAILS OF PRIOR EXEMPTIONS/EXTENDED LEAVE - VACATION/TRAVEL (if applicable) Date of prior exemption/extended leave: From:___/___to___/____to___/____ Number of school days: Copy of Certification of Exemption/Extended Leave –Travel attached (Please tick ☑) Yes ☐ No ☐ PARENT DETAILS (Applicant) Family name: Given Name: Postcode: _____ Address: 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. Date:___/___/ 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):	
Deputy Principal's name: Peter Weary	Telephone number: <u>02 6762 0970</u>
Signature of Deputy Principal:	Date:

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

