## 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 wit	n details of all students	associated with the	period of travel:
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	GIVEN NAME	DOB	AGE	GRADE	SRN
_					
tudent address:					
chool name: The Po	nds High School				
atas of extended leave	e applied for: From/ _	/ to	1	1	
umber of school days:		/ 10 _	/	/	
	<del></del>				
televant travel document	ation such as an e ticket or itin				within Australia
nust be attached to this a	pplication.				
ETAILS OF PRIOR	EXEMPTIONS/EXTEND	ED LEAVE – T	RAVEL (it	applicable	e)
late of mulay assessed !	/extended leave: From:	_// to	o:/	_/	
vale of prior exemption					
	, 				
Number of school days:	: xemption/Extended Leave-T	ravel attached (	(Please tick	☑):Yes □	No □
lumber of school days:	xemption/Extended Leave-T	ravel attached (	(Please tick	☑):Yes □	No □
Number of school days: Copy of Certificate of Ex	xemption/Extended Leave-T	ravel attached ( Given name: _	`		
Number of school days: Copy of Certificate of Ex PARENT DETAILS (A	xemption/Extended Leave-T	Given name: _			
lumber of school days: Copy of Certificate of Example 2 Cartificate of	xemption/Extended Leave-T	Given name: _		_ Postcode:	

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 and Communities is subject to the Priva information that you provide will be used to process your child's <i>Applic</i> . It will only be used or disclosed for the following purposes.  • General student administration relating to the education and the subject to the private private student administration relating to the education and the subject to the private private student administration relating to the education and the subject to the private private student administration relating to the education and the subject to the private private student administration relating to the education and the subject to the private private student administration relating to the education and the subject to the private student administration relating to the education and the subject to the private student administration relating to the education and the subject to the private student administration relating to the education and the subject to t	ration for Extended Leave-T		
<ul> <li>Communication with students and parents</li> <li>To ensure the health, safety and welfare of students, staff and</li> <li>State and National reporting purposes</li> <li>For any other purpose required by law.</li> </ul>	d visitors to the school		
The information will be stored securely. You may access or correct an concern or complaint about the way your personal information has been			
PART B: TO BE COMPLETED BY THE PRINCIPA	L		
I accept this Application for Extended Leave- Travel (Please Yes	sibility to organise the completion of		_
Principal's name (please print): Mrs Jennifer Weal	elephone number: 96	6263562	
Signature of principal: [			io to ho provided
Note: Please complete the Certificate of Extended Le	ave - maverm reques	ieu ieave	is to be blovided.