



**School Name:** 

Suburb:

Application for Extended Leave - Travel (5 or more days)

Family holidays and travel outside of school holiday period will be considered individually based on your child's attendance, the intention of the extended leave and the impact on your child's participation and progress at school.

Form A1

**Part A:** To be completed by Parent/Caregiver and returned to the school. Separate applications are to be completed for each school if siblings do not attend the same school.

Student/s Details							
Family Name	Given Name	Date of Birth	Age	Grade/Class			
-							
Student/s Address							
Street No. and Name:							
Suburb:							
Postcode:							
	Details of Ex	tended Leave					
Start Date of Leave	End Date of Leave	Total No	Total No. of School Days				
Reason for Travel							







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Relevant travel documentation such as an eTicket (in the case of flight bound travel) or itinerary (in the case of nonflight bound travel within Australia only) must be attached to this application.

Details of Prior Approved Extended Leave - Travel								
Are there any current or previous applications for extended leave during this current school year? (Please tick)  Yes								
If yes, please provide details of previous extended leave below.					,	No		
		Previous Leave End			of Cohool D			
Previous Leave Start Date		Previous Leave End	i Date	No. of School Days		ays		
Parent/Caregiver Details								
Family Name		Given Name		Relationship to Student/s				
-								
Street No. and Name:					Postcode:			
Suburb:					Phone No:			
Suburb.					Phone No.			
As the parent/caregiver and the applicant for the above mentioned student/s, I hereby apply for a Certificate of Extended Leave – Travel and understand that my child/children will be granted a period of extended leave upon acceptance by the Principal for the reason provided.								
I understand that, if the application is accepted:								
o I am responsible for the supervision of the student/s during the period of extended leave								
<ul> <li>The accepted period of extended leave is limited to the period indicated</li> <li>The accepted period of extended leave is subject to the conditions listed on the Certificate of Extended Leave</li> </ul>								
o The period of extended leave will count towards my child's/children's absences from school.								
I declare that the information recognise that should statem application may be reversed. the provided period of extend	nents in th I further r	is application later prove to ecognise that a failure to cor	be false or n	nisleading any d	ecision made a	as a result o	of this	
Signature of Parent/Caregiver		Date						
Privacy Statement								





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E: Bethany@parra.catholic.edu.au
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The information provided will be used to process the student's Application for Extended Leave – Travel during the period indicated. It will only be disclosed for the following purposes:

- o General student administration relating to the education and welfare of the student
- o Communication with students and parents/caregivers
- o To ensure the health, safety and welfare of students, staff and visitors to the school
- o State and national reporting purposes
- o For any other purpose required by law

## Once you have completed and signed this application, please return to the school Principal

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: (please print):	-					
Signature of Principal:						
Date:/						

Please complete the Certificate of Extended Leave - Travel if requested leave is approved





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