APPLICATION FOR EXTENDED LEAVE

To be submitted to the District Principal for leave requests of 10 or more school days.

NOTE: PART A is to be completed by the student's parent

PART A: STUDENT DETAILS

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

FAMILY NAME	GIVEN NAME	DOB	AGE	YEAR	SCHOOL

Student Address: _____

Suburb: _____ **Post Code:** _____

Dates of extended leave applied for: From ___/___/___ To ___/___/___

Number of school days: _____

Reason for leave: _____

If leave is for travel then 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

Dates of prior exemptions/extended leave: From ___/___/___ To ___/___/___

Number of school days: _____

Copy of Certification of Exemption/Extended Leave attached Yes ☐ No ☐

PART A: PARENT DETAILS

Family Name: _____ **Given Name:** _____

Student Address: _____

Suburb: _____ **Post Code:** _____

Telephone Number: _____ **Relationship to Student:** _____

As the parent and applicant, I hereby apply for a Certificate of Extended Leave and understand my child will be granted a period of extended leave upon acceptance by the Regional 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
- 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 may result in the provided period of extended leave being cancelled.

Signature of parent/s: _____ **Date:** ____/____/____

PART B: TO BE COMPLETED BY THE DISTRICT PRINCIPAL

I accept this Application for Extended Leave *(Please select one box)* Yes ☐ No ☐

Please provide more detail here (if required): _____

_____

_____

Signature of District Principal: _____ **Date:** ____/____/____

Note: Please complete the Certificate of Extended Leave – if requested leave is to be approved.