APPLICATION FOR EXTENDED LEAVE – TRAVEL

NSW Education & Communities

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 with details of all students associated with the period of travel:

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE	SRN

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.

DETAILS OF PRIOR EXEMPTIONS/EXTENDED LEAVE – TRAVEL (if applicable)

Date of prior exemption/extended leave: From: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days: _____

Copy of Certificate 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-Travel* and understand my child will be granted a period of extended leave upon acceptance by the principal of the reason provided.

P.T.O.

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: ____ / ____ / ____

PART B : TO BE COMPLETED BY THE PRINCIPAL

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

Yes   ☐   No   ☐

Please provide more detail here (if required):

_____

_____

_____

_____

_____

Principal's name (please print): _____ Telephone number: _____

Signature of principal: _____   Date: ____ / ____ / ____

Note: Please complete the Certificate of Extended Leave - Travel if requested leave is to be provided.