# **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 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: Yes No



### Parent details (applicant)

Family name:	Given name:			
Student address:		Postcode:		
Phone number:	Relationship to student:			
As the parent and applicant, I hereby apply for a Certific understand my child will be granted a period of extende 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 - Travel				
The period of extended leave will count towards my child's absences from school				
I declare the information provided in this application is a belief; accurate and complete. I recognise that should so prove to be false or misleading any decision made as a reversed. I further recognise that a failure to comply wit Application for Extended Leave - Travel may result in the leave being cancelled.	tatements in this application I result of this application may k h any condition set out in the	ater De		
Signature of parent/s:		Date:		

#### **Privacy statement**

The Department of Education is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's *Application for Extended Leave - Travel* during the period indicated.

It will only be used or disclosed for the following purposes.

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

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.



## 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:	Phone number:	
Signature of principal:		Date:

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

