APPLICATION FOR EXTENDED LEAVE – TRAVEL

NSW GOVERNMENT | 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.

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 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* (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.

CERTIFICATE OF EXTENDED LEAVE - TRAVEL

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The student/s whose details appear below has been provided a period of extended leave from school for the purpose of travel.

Where an application is made by a parent with more than one child a separate copy of this *Certificate* should be placed in each student's file.

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

Address: _____ Postcode: _____

School name: _____ School's telephone: _____

Dates of extended leave: From ____ / ____ / ____ to ____ / ____ / ____

Reason for providing the period of extended leave:

_____

_____

_____

_____

Conditions applicable to providing the period of extended leave:

_____

_____

_____

_____

It has been explained to the parent of the above mentioned student/s that they are responsible for his/her supervision during the provided period of extended leave.

The parent understands that the period of extended leave is limited to the period indicated and acknowledges that the provided period of extended leave is subject to the conditions listed.

Principal name: _____ Principal signature: _____ Date: ___/___/___

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers.