

EXTENDED LEAVE CHECKLIST



Name of Student		Year	
Step 1: Complete attached Exter Step 2: Attach a copy of Itinerary Step 3: Student to discuss leave Step 4: Submit form for Principal	and/or Flight Detai with all teachers ar	nd complete table below	
Subject/Teacher	Assessments Y/N	Arrangements	
 International Student Music / Dance / Drama S (Please circle) 	Y / Student Y /		
• Itinerary	Υ/	N	
Principal Recommendation	/s		
Approved by Principal		Entered on Millennium	
Emailed – Teachers and Year Emailed – Deputy	Advisor,	Emailed –Parent	

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.

PLEASE ATTACH A COPY OF YOUR ITINERARY AND/OR FLIGHT DETAILS.

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	i:
School name					
Dates of extended leave a	oplied for: From	to			
Number of school days:					
Reason for travel					
	ation such as an e ticket or ') must be attached to this a		ase of non flig	ht bound	
Details of prior e	exemptions/exten	nded leave	- travel (if applica	able)
Date of prior exemption/e	ktended leave: From	to			
Number of school days:					
Copy of Certificate of Exer	nption/Extended Leave - Tra	avel attached: Yes	s No		



Parent details (applicant)

	Dootoodo
Student address:	Postcode:
Phone number: Relationship to student:	
As the parent and applicant, I hereby apply for a Certificate of Extended Leave-Trave understand my child will be granted a period of extended leave upon acceptance by 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 schoo	I
I declare the information provided in this application is to the best of my knowledge belief; accurate and complete. I recognise that should statements in this application prove to be false or misleading any decision made as a result of this application may 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 extend leave being cancelled.	n later y be ne
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.



Certificate of extended leave – travel

The student/s whose details appear below has been provided a period as indicated, 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.

DOB

Age

Grade

SRN

Student details

Family name

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

Given name

Student address:					
				Postcode:	
School name					
Dates of extended leave appli	ed for: From	to			
Reason for providing the period	od of extended leave:				
Conditions applicable to provi	ding the period of extended	leave:			
It has been explained to the p supervision during the provid		d student/s tha	t they are res	ponsible for	his/her
The parent understands that acknowledges that the provice					
Principal's name:					
Signature of principal:		Date	·		

This certificate has been issued without alteration and must be produced when

requested by police or other authorised attendance officers.