# **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	DOE	3	Age	Grade	SRN
Student address:						Postcode:	
School name							
Dates of extended lea	ve appli	ed for: From	to				
Number of school day	/S:						
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 s	student:			
understand my opportunity of the r						
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						
<ul> <li>The provided period of extended leave is subject to the conditions listed on the Certificate of Extended Leave - Travel</li> </ul>						
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 <i>Application for Extended Leave - Travel</i> may result in the provided period of extended leave being cancelled.						
Signature of parent	t/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.

