

Application for Extended Leave – Travel (1-5 days)

Family holidays and travel outside of school holiday period will be considered individually based on your child's attendance, the intention of the extended leave and the impact on your child's participation and progress at school.

Part A: To be completed by Parent/Caregiver and returned to the school. Separate applications are to be completed for each school if siblings do not attend the same school.

School Name:	
Suburb:	

Student/s Details				
Family Name	Given Name	Date of Birth	Age	Grade/Class
Student/s Address				
Street No. and Name:				
Suburb:				
Postcode:				

Details of Extended Leave		
Start Date of Leave End Date of Leave Total No. of School Days		
	Reason	for Travel
Relevant travel documentati flight bound travel within Au	•	ne case of flight bound travel) or itinerary (in the case of nor ed to this application.



Form

A1

Catholic Education Diocese of Parramatta



Cerdon College Merrylands

Details of Prior Approved Extended Leave - Travel				
Are there any current or previous applications for extended leave during this current school year? (Please tick) Yes				
If yes, please provide details of previous extended leave below.			No	
Previous Leave Start Date	Previous Leave End Date	No. of School Days		

Parent/Caregiver Details					
Family Name		Given Name	Relationship to Student/s		
Street No. and Name:				Postcode:	
Suburb:				Phone No:	

As the parent/caregiver and the applicant for the above mentioned student/s, I hereby apply for a Certificate of Extended Leave – Travel and understand that my child/children will be granted a period of extended leave upon acceptance by the Principal for the reason provided.

I understand that, if the application is accepted:

- o I am responsible for the supervision of the student/s during the period of extended leave
- o The accepted period of extended leave is limited to the period indicated
- o The accepted period of extended leave is subject to the conditions listed on the Certificate of Extended Leave
- o The period of extended leave will count towards my child's/children's absences from school.

I declare that 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 may result in the provided period of extended leave being cancelled.

Signature of Parent/Caregiver	Date

Privacy Statement

The information provided will be used to process the student's Application for Extended Leave – Travel during the period indicated. It will only be disclosed for the following purposes:

- o General student administration relating to the education and welfare of the student
- o Communication with students and parents/caregivers

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- o To ensure the health, safety and welfare of students, staff and visitors to the school
- o State and national reporting purposes
- o For any other purpose required by law

Once you have completed and signed this application, please return to the school Principal



Part B: To be completed by the Principal					
I accept this Application for Ex	xtended Leave - Travel				
Yes No					
Please provide more detail he	Please provide more detail here (if Required):				
Principal's name: (please print	t):				
Signature of Principal:					
Date://///////					

Please complete the Certificate of Extended Leave - Travel if requested leave is approved

