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
udent address:		·		Postcode	e:

Student address:	ţ	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
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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:		
	for a Certificate of Extended Leave-Travel and d of extended leave upon acceptance by the		
I understand that if the application is accept	red:		
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 Certificate of Extended Leave - Travel	subject to the conditions listed on the		
The period of extended leave will count to	owards my child's absences from school		
	comply with any condition set out in the		
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.

