

## Application for Extended Leave (L) – Travel

To be completed by parent/caregiver for leave of 10 or more days for the purpose of travel within Australia and/or overseas.

Student Details				
Family Name	Given Name	DOB	Age	Grade
Address:				
			Postcode:	

School Details	
School Name:	School Telephone No.

Application for Extended Leave – Travel			
Dates leave applied for:	From:	To:	Total
Reason for travel:			

Relevant travel documentation such as an eTicket (in the case of flight bound travel) or itinerary (in the case of non-flight bound travel within Australia only) must be attached to this application.

<b>Are there any prior or current leave applications</b> (for 2016 applications this is inclusive of recent approved exemptions for travel during 2015?)	Yes	No	(If yes, provide details below)
Dates of prior/current leave/exemption(s) applied for	From:	To:	No of schools days:
Is copy of prior /current Certificate of Exemption attached?	Yes	No	

Parent/Caregiver Details (applicant)			
Family Name:		Given Name:	
Address:			Postcode:
Contact Tel:	Relationship to Student:		

**Declaration and Signature**

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

I understand that if the exemption is granted:

- I am responsible for the supervision of the student during the period of extended leave
- the accepted period of extended leave is limited to the period indicated
- the accepted 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/children’s absences from school.

I declare that information provided in this Application for Extended Leave 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 exemption may result in the exemption being revoked.

Signature of applicant/s ..... Date .....

***Once you have completed and signed Part A please return this form to the school principal.***

**Privacy Statement**

The information that you provide 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:

- 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.

***Once you have completed and signed this application please return this form to the school principal.***

**PART B**

**PRINCIPAL'S DECISION AND SIGNATURE**

**Application for Extended Leave of LESS THAN 50 days**

Granted  (Complete Certificate for Extended Leave (L) – Travel)

Declined  Details .....

Principal's name ..... Telephone .....

Signature ..... Date .....

**PRINCIPAL'S RECOMMENDATION AND SIGNATURE**

**If application is for Extended leave of 50 DAYS OR MORE the principal makes a recommendation and forwards it to the Catholic Schools Office.**

Granted  (Complete Certificate for Extended Leave (L) – Travel)

Declined  Details .....

Principal's name ..... Telephone .....

Signature ..... Date .....

**INVESTIGATING OFFICER'S RECOMMENDATION AND SIGNATURE**

**Application for Extended Leave of 50 DAYS OR MORE**

Granted  (Complete Certificate for Extended Leave (L) – Travel)

Declined  Details .....

Officer's name ..... Telephone .....

Signature ..... Date .....

**MINISTER'S DECISION (to be completed and signed by the delegate)**

**Application for Extended Leave of 50 DAYS OR MORE**

Granted  (Complete Certificate for Extended Leave (L) – Travel)

Declined  Details .....

Delegate's name ..... Telephone .....

Signature ..... Date .....

Principal completes Certificate for Extended Leave (L) – Travel if exemption is granted.