

## **Application for Extended Leave –Travel**

**NOTE: PARTS A, B and C** are to be **completed by the student's parent** and returned to their child's school principal.

Please complete table below with details of all students at this school associated with the period of travel. Separate applications are required for each school if siblings do not attend the same school.

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE
Student address:				
Postcode:				
School name:				
Dates of extended leave applied fo	r: From: //	to /	/	
Number of school days:				
Reason for travel (including why th	is travel is occurring in sch	ool time):		

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.

Date of prior exemption/extended leave: From:/ to/ to//
Number of school days:
Certificate of prior Exemption/Extended Leave -Travel attached (Please tick): Yes No
Copy of prior Certification of Exemption/Extended Leave – Travel attached (Please tick ) Yes No
Family name:
Given Name:
Address: Postcode:
Telephone number: Relationship to student:
As the parent and applicant, I hereby apply for a Certificate of Extended Leave -Travel and understand my child will be granted a period of extended leave upon acceptance by the 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 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/s:
Date:/

	Application for Extended Leave - e tick one box ☑):	
Yes	No	
Please provide	e more detail here (if required):	
Principal's nai	me (please print):	Telephone number:
Signature of p	rincipal:	
Date:/		
Note: Pleas leave is app	e complete the <i>Certificate of Extended</i> roved.	<i>Leave – Travel</i> if requested
The original of file.	certificate is to be given to the parent, wit	h a copy kept on the student's

The parents should be advised to carry the Certificate as it may be requested by government officials including Department of Immigration and Border Protection, Police, Home School Liaison Officers etc.

## Certificate of Extended Leave - Travel

The student/s whose details appear below has/have been provided a period of extended leave from school for the purpose of travel.

Note: 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.

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

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE	Enrolment Register Number
Ctudout address.	<u> </u>				
Student address:					
Postcode:					
School name: Port Mac	quarie Adventist Schoo	l Telephone:	(02)65822271		
Dates of extended leave	:: From: /	/ to_	//		
Number of school days:					
Reason for providing the	e period of extended leav	e:			
Conditions applicable to	providing the period of ex	tended leave:	l student/s that	t they are resp	onsible for
period of extended leave	ng the period of extended e is limited to the period in ded leave is subject to th	ndicated and th	ne parent has a	•	
Principal name:	Principal sign	ature:		Date:	

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers.

## Example letter - Declining an Application for a Certificate of Extended Leave – Travel

<Correspondence Name>
<Correspondence Address>

Dear < Correspondence Name >

You recently applied for a Certificate of Extended Leave – Travel for <Student Name> from attendance at school. Certificates of Extended Leave - Travel are provided when it has been clearly demonstrated by the applicant that the leave is necessary or desirable, and that alternatives to providing leave such as distance education, have been considered. Further, the period of extended leave must be in the student's best interests in the short and long term.

I have carefully considered your application and I am not satisfied that the requested leave is in
<student name="">'s best interest. My reasons for declining your application are</student>

Please note any absences in relation to your application for extended leave will be recorded as unjustified in <Student's First Name>'s student records and school reports.

If you wish to discuss this application further with me please contact the school on the school's phone number to arrange an appointment.

You have the right to appeal this decision if you consider that correct procedures have not been followed or that an unfair decision has been made.

Yours sincerely,
<Principal's Name>
Principal
<Date>