

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.

PART A: STUDENT DETAILS

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: CHRISTADELPHIAN HERITAGE COLLEGE SYDNEY

Dates of extended leave applied for: From: ____ / ____ / ____ to ____ / ____ / ____

Number of school days: _____

Reason for travel (including why this travel is occurring in school 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.

PART B: DETAILS OF PRIOR EXEMPTIONS/ EXTENDED LEAVE – TRAVEL (if applicable)

Date of prior exemption/extended leave: From: ____ / ____ / ____ to ____ / ____ / ____

Number of school days: _____

Certificate of prior Exemption/Extended Leave -Travel attached (Please tick): Yes ☐ No ☐

PART C: PARENT DETAILS

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 *Application for Extended Leave - Travel* may result in the provided period of extended leave being cancelled.

Signature of parent/s: _____ Date: ____ / ____ / ____