



## 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						a len		
Family Name	Giv	en Name	DOB		Age	N.L.	Grade	
							<u> </u>	
Address:								
					Postcoo	Postcode:		
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School Details		Constitution of the	E Carlo			lose III	San Branch	
School Name: ST. PZUS X HS, ADAMSTOWN					School	School Telephone No. 02 49571032		
School Name: 37. P	205 X	HS, HYM	457000		relepno	one ivo.	2113/1052	
<b>Application for Exten</b>	ded Leave	e – Travel		- I I - Kortin				
Dates leave applied for	r:	From:		То:		Tota	al	
Reason for travel:								
Reason for travel.								
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Relevant travel docum							nerary (in the case	
of non-flight bound tra	vel within /	Australia only					nerary (in the case	
	vel within /	Australia only leave					nerary (in the case	
Are there any prior o applications (for 2016 is inclusive of recent a	r current of application of application of application of approved of the state of	Australia only leave ons this	r) must be att		is applicatio	n.´	ride details below)	
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Are there any prior o applications (for 2016 is inclusive of recent a exemptions for travel of the state of t	r current of application pproved during 201 pplied for	Australia only leave ons this Ye 5?)	r) must be att	ached to th	is applicatio	yes, prov	vide details below)	

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 applicantle	Date	
Signature of applicant/s	Dale	

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 Exemption 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 exemption of 50 DAYS OR MORE the principal make forwards it to the Catholic Schools Office.	s a recommendation and
Granted □ (Complete Certificate for Extended Leave (L) – Travel)	
Declined   Details	
Principal's name	Telephone
Signature,	Date
INVESTIGATING OFFICER'S RECOMMENDATION AND SIGNATURE	
Application for Exemption 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 Exemption 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.