

APPLICATION FOR EXTENDED LEAVE – TRAVEL



Education &
Communities

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

Student address: _____

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: ____ / ____ / ____

Number of school days: _____

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

PARENT DETAILS (Applicant)

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: ____ / ____ / ____

PRIVACY STATEMENT

The Department of Education and Communities 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* (Please tick one box

Yes No

Please provide more detail here (if required):

Principal's name (please print): _____ Telephone number: _____

Signature of principal: _____ Date: ____ / ____ / ____

Note: Please complete the Certificate of Extended Leave - Travel if requested leave is to be provided.



Putney Public School: Extended Leave

Regular attendance at school is essential for students to achieve their educational best and increase their career and life options. When a student attends school daily, learning becomes easier and friendships with other students are fostered and maintained. As such, families are encouraged to travel during school holidays. Travel during the school term is marked as leave on the roll and therefore contributes to students' total absences for the year.

When students travel during school term/s, students miss out on teaching instruction. Consequently students' achievement levels may be impacted. Furthermore, some elements of students' school report may not be able to be completed due to their absence.

Parents and caregivers who choose to travel during the school term/s must acknowledge that their child/ren will miss out on teaching and learning experiences, impacting on student learning outcomes. Teachers are not required to set work for students who are on extended leave.

Please complete the form below as acknowledgement.

J. Koletti

Principal

Putney Public School: Extended Leave

Child's name: _____

Child's class: _____

Child's name: _____

Child's class: _____

Child's name: _____

Child's class: _____

Child's name: _____

Child's class: _____

I hereby acknowledge that my child/ren will miss out on teaching instruction, which may impact on their learning outcomes. I also acknowledge that elements of my child/ren's school reports may not be completed due to their absence. I understand that my child/ren's teacher/s are not required to set work for my child/ren to complete while on extended leave.

Parent/s name/s: _____

Signed: _____ Date: _____