

OUR LADY QUEEN OF PEACE PRIMARY

Braeside Road Greystanes NSW 2145

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Application for Extended Leave (L) – Travel (Leave between 10 and 100 days)

Form A.1

This part is to be completed by the parent or caregiver of the student/s for leave of more than 10 days for the purpose of travel within Australia and/or overseas.

| School Name: | | | | | |
|---------------------------|----------------------|-------------------|--------------------------|-----|-------------|
| Suburb: | | | | | |
| | | | | | |
| Student/s Details | | | | | |
| Family Name | | Given Name | Date of Birth | Age | Grade/Class |
| | | | | | |
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| | | | | | |
| Student/s Address | | | | | |
| Street No. and Nam | Street No. and Name: | | | | |
| Suburb: | | | | | |
| Postcode: | | | | | |
| | | | | | |
| Details of Extended Leave | | | | | |
| Start Date of L | _eave | End Date of Leave | Total No. of School Days | | |
| | | | | | |
| Reason for Travel | | | | | |
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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.



| Details of Prior Approved Extended Leave - Travel | | | | | |
|--|-------------------------|--------------------|--|--|--|
| Are there any current or previous applications for extended leave during this current school year? (Please tick) If yes, please provide details of previous extended leave below. | | | | | |
| Previous Leave Start Date | Previous Leave End Date | No. of School Days | | | |
| | | | | | |

| Parent/Caregiver Details | | | | | | | |
|--------------------------|--|------------|--|----------------|--------------------------|--|--|
| Family Name | | Given Name | | Relationship t | elationship to Student/s | | |
| | | | | | | | |
| Street No. and Name: | | | | | Postcode: | | |
| Suburb: | | | | | Phone No: | | |

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

I understand that, if the application is accepted:

- o I am responsible for the supervision of the student/s during the period of extended leave
- o The accepted period of extended leave is limited to the period indicated
- o The accepted period of extended leave is subject to the conditions listed on the Certificate of Extended Leave
- o The period of extended leave will count towards my child's/children's absences from school.

I declare that 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 may result in the provided period of extended leave being cancelled.

| Signature of Parent/Caregiver | Date |
|-------------------------------|------|
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Privacy Statement

The information provided 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
- o Communication with students and parents/caregivers
- o 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

Once you have completed and signed this application, please return to the school Principal