St JOHN PAUL II CATHOLIC COLLEGE

| **Application for Extended Leave (L) – Travel (Leave between 10 and 100 days)**<br>Family holidays and travel outside of school holiday period will be considered individually based on your child's attendance, the intention of the extended leave and the impact on your child's participation and progress at school. | **Form A.1** |
|---|---|

**Part A: To be completed by Parent/Caregiver and returned to the school. Separate applications are to be completed for each school if siblings do not attend the same school.**

| | |
|---|---|
| **School Name:** | **St John Paul II Catholic College** |
| **Suburb:** | **Schofields/Quakers Hill** |

| **Student/s Details** | | | | |
|---|---|---|---|---|
| **Family Name** | **Given Name** | **Date of Birth** | **Age** | **Homeroom** |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| **Student/s Address** | |
|---|---|
| **Street No. and Name:** | |
| **Suburb:** | |
| **Postcode:** | |

| **Details of Extended Leave** | | |
|---|---|---|
| **Start Date of Leave** | **End Date of Leave** | **Total No. of School Days** |
| | | |
| **Reason for Travel** | | |
| | | |

*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.*

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| Details of Prior Approved Extended Leave - Travel | |
|---|---|
| Are there any current or previous applications for extended leave during this current school year? (Please tick)<br>If yes, please provide details of previous extended leave below. | **Yes** ☐<br>**No** ☐ |

| Previous Leave Start Date | Previous Leave End Date | No. of School Days |
|---|---|---|
| | | |

| Parent/Caregiver Details | | | |
|---|---|---|---|
| **Family Name** | **Given Name** | **Relationship 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:

- I am responsible for the supervision of the student/s 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
- The period of extended leave will count towards my child's/children's absences from school.
- **Prior to departure it is the student's responsibility to ensure that all assessment tasks are completed or that an extension of time for work is approved by the teachers. If granted confirmation of extensions are to be written in the student's diary by the teacher concerned.**
- **The student must arrange for all missed work to be copied/collected on return to 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 |
|---|---|
| | |

**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
- Communication with students and parents/caregivers
- 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

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

**Part B**: To be completed by the Principal

I accept this Application for Extended Leave – Travel

Yes ☐ No ☐

Please provide more details here (if required):

_____

_____

_____

_____

_____

_____

Principal's name: (please print): _____

Signature of Principal: _____

Date: ____/____/_____

**Please complete the Certificate of Extended Leave – Travel if requested leave is approved.**