



ST STANISLAUS' COLLEGE

220 Bentinck Street (PO Box 97) Bathurst NSW 2795
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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 associated with the period of travel:

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE

Student address: _____

_____ Postcode: _____

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: _____

Copy of Certification of Exemption/Extended Leave – Travel attached (Please tick) Yes No

PART C: 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: ____ / ____ / ____