



# ST STANISLAUS' COLLEGE

## Application for Extended Leave – Travel

**NOTE: PARTS A, B and C** are to be completed by the student's parent and returned to College Reception.

### 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 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
- My son has contacted relevant teachers to ensure that Assessment requirements are met or will be addressed prior to their departure.

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: \_\_\_\_\_