



Holy Family Primary School

CNR. CAMPBELL ST & WILLOWDENE AVE, LUDDENHAM
PHONE:(02) 47734485 FAX: (02) 47734374

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

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.

Form A.1

School Name:	
Suburb:	

Student/s Details

Family Name	Given Name	Date of Birth	Age	Grade/Class

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

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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.		Yes <input type="checkbox"/> No <input type="checkbox"/>
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



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- 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.

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

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