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|  | **Catholic Schools Office**  Diocese of Broken Bay | **Form A1**  Application form |

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| **Application for Extended Leave (L) – Travel**  *To be completed by parent/caregiver for leave of 10 or more days for the purpose of travel within Australia and/or overseas* |

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| **Student Details** | | | | | |
| **Family Name** | **Given Name** | **DOB** | | **Age** | **Grade** |
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| Address: | | | | | |
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| **School Details** | |
| School name: St John Fisher Catholic School Tumbi Umbi | School  Telephone No. (02) 4388 5800 |

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| **Application for Extended Leave – Travel** | | | |
| Dates leave applied for: | From: | To: | Total number 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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| **Are there any prior or current leave applications** *(for 2015 applications, this is inclusive of recent approved exemptions for travel during 2014)?* | Yes | | 🞏 | | No | 🞏 | | *(If yes, provide details below)* |
| Dates of prior/current leave/exemption(s) applied for | From: | | | | To: | | | No. of school days: |
| Is copy of prior/current *Certificate of Exemption* attached? | Yes | | 🞏 | | No | 🞏 | | |
| **Parent/Caregiver Details (applicant)** | | | | | | | | |
| Family name: | | | | Given name(s): | | | | |
| Address: | | | | | | | | |
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| Contact Tel: | | Relationship to student: | | | | | | |

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| **Declaration and Signature** |

As the parent/caregiver and applicant for the above mentioned student, I hereby apply for a *Certificate of Extended Leave – Travel* and understand my child/children 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 the supervision of the student 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 – Travel*
* 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 for a *Certificate of Extended Leave – Travel* 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 exemption being revoked.

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| ***Signature of parent/s*** | ***Date*** |

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| **Privacy Statement** |

The information provided will be used to process the student’s Application for an 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
* 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.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

***Once you have completed and signed this application please return this form to the school principal***

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|  | **Catholic Schools Office**  Diocese of Broken Bay | **Form A2**  Certificate |

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| **Certificate for Extended Leave (L) – Travel** |

The student/s whose details appear below has been granted a period, as indicated, of extended leave from school for the purpose of travel.

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| **Student Details** | | | | | |
| **Family Name** | **Given Name** | **DOB** | | **Age** | **Grade** |
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| Address: | | | | | |
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| **School Details** | |
| School name: St John Fisher Catholic School | School Telephone No. (02) 4388 5800 |

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| **Dates extended leave applied for:** | | |
| From: | To: | Total number of school days: |

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| **Reason for the granting of a period of extended leave:** |
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| **Conditions applicable to the granted period of extended leave:** |
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It has been explained to the parent/caregiver of the above mentioned student/s that they are responsible for his/her/their supervision during the granted period of extended leave. The parent understands that the period of extended leave is limited to the period indicated and acknowledges that the granted period of extended leave is subject to the conditions listed.

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| Barry Shanley |  |  |
| Principal name: | Signature: | Date |

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| **This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers.** |