

## **Application for Extended Leave – Travel**

Education & Communities **NOTE:** This application is to be **completed by student's parent/carer** and returned to their child's school principal. If leave is sought for more than one student, separate applications must be made for each student.

## STUDENT DETAILS

Family Name:	Given name(s):				Year Group:	
	/ / (mm) (year)		ge:	SRN:		
Student's Address:						
				Post	code:	
School's Name: Gle	nwood High S	chool	School's Pho	one Number: <b>02 962</b> 9	9577	
Dates of leave applie	ed from: /	/	to/	/ /		
Number of School D	ays:					
REASON FOR APPL	ICATION FOR	EXTENDE	D LEAVE - TRA	<b>VEL</b> (Please tick ☑)		
Educational circums	stances		Social circum	stances		
Participation circum	stances		Other exception	onal circumstance		
Please provide more	edetail about th	ne reason f	or this applicati	ion for leave to travel	here:	
Where the reason for	or the application	on for leave	e includes trave	I arrangements of mo	re than 5 school	
days, copies of trave	el documentati	on must be	included and a	attached with the appl	ication.	
DETAILS OF PREVIO		ON FOR EX	TENDED LEAVE	- TRAVEL		
Dates of previous le	ave applied fro	om / _	/	to//		
Number of School	Days:					



## **PARENT DETAILS**

Family Name:	Given Name (s):	Given Name (s):		
Address:				
	Postcode:			
Telephone Number:	Relationship to Student:			

As the parent of the abovementioned student, I hereby apply for a *Certificate of Extended Leave from School - Travel.* 

I understand that if leave is granted:

- I am responsible for his/her supervision during the period of leave
- the leave is limited to the period indicated
- leave is subject to the conditions listed on the Certificate of Extended Leave from School- Travel.
- my child is responsible for organising work through their class teacher
- my child is responsible for following the relevant school assessment policy for their cohort
- any assessment tasks due during the period of leave will be submitted BEFORE leave commences, unless alternate arrangements have been made with the Deputy Principal.
- missed assessment tasks will be assigned an estimate as per the assessment policy for this year group

I declare the information provided in this application for leave 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 approval for leave may place my child at risk of not completing course requirements and proceeding to the next year level.

Signature of applicant/s:	_ Date:	/	/
Office use only:			
<ul><li>Approved</li><li>Not approved</li></ul>			
Deputy Principal Signature:	Date:	/	/