



## Application for Extended Leave – Travel



Education &  
Communities

**NOTE:** This application is to be **completed by student's parent** 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: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ SRN: \_\_\_\_\_  
(dd) (mm) (year)

Student's Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

School's Name: **Glenwood High School** School's Phone Number: **9629 9577**

Dates of leave applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of School Days: \_\_\_\_\_

### REASON FOR APPLICATION FOR EXTENDED LEAVE - TRAVEL (Please tick )

Educational circumstances  Social circumstances

Participation circumstances  Other exceptional circumstance

Please provide more detail about the reason for this application for leave to travel here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where the reason for the application for leave includes travel arrangements of more than 5 school days, copies of travel documentation must be included with the application.

### DETAILS OF PREVIOUS APPLICATION FOR EXTENDED LEAVE - TRAVEL

Dates of previous leave applied for \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of School Days: \_\_\_\_\_



## PARENT DETAILS

Family name: \_\_\_\_\_ 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:

- Approved
- Not approved

Deputy Principal Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_