



Holy Family Primary School, Granville East
199 The Trongate, Granville East 2142
Phone: 9637 6020 Fax: 9637 8464

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|---|-----------------|
| 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 |
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|---------------------|--|
| School Name: | |
| Suburb: | |

| Student/s Details | | | | |
|-------------------|------------|---------------|-----|-------------|
| Family Name | Given Name | Date of Birth | Age | Grade/Class |
| | | | | |
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| 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 applicat

| 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
- 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