Application for Extended Leave – Vacation/Travel

NOTE: PART A is to be completed by the student’s parents and returned to their child’s school Principal.

### PART A.1: STUDENT DETAILS

Please complete table below with details of all students associated with the period of travel:

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>GIVEN NAME</th>
<th>DOB</th>
<th>AGE</th>
<th>YEAR GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student address: ____________________________________________ ___________________________________________

Postcode: ____________________

School name: Santa Sabina College

Dates of extended leave applied for: From: ___/___/___ to ___/___/___

Number of school days: ____________

Reason for travel: ____________________________

____________________________________________________________________________________

If previous leave has been taken, please complete Part A.2

### PART A.2: DETAILS OF PRIOR EXTENDED LEAVE – VACATION/ TRAVEL (if applicable)

Date of prior exemption/extended leave: From: ___/___/___ to ___/___/___

Number of school days: ____________

Copy of previous Certificate of Extended Leave – Vacation/Travel attached (Please tick ☐) Yes ☐ No ☐
## PARENT / CARER DETAILS (Applicant)

<table>
<thead>
<tr>
<th>Family name:</th>
<th>Given Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Postcode:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone number:</th>
<th>Relationship to student:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As the parent/carer and applicant, I hereby apply for a *Certificate of Extended Leave-Vacation/ Travel* and understand my child 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 his/her supervision during the period of extended leave
- The provided period of extended leave is limited to the period indicated
- The provided period of extended leave is subject to the conditions listed on the *Certificate of Extended Leave-Vacation/ Travel*
- The period of extended leave will count towards my child's absences from school

I declare 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 for Extended Leave- Vacation/ Travel* may result in the provided period of extended leave being cancelled.

Signature of parent/s: _______________________________  Date: ___ / ___ / _____
PART B: TO BE COMPLETED BY THE PRINCIPAL

I accept this Application for Extended Leave - Vacation/ Travel

(Please tick one box ☐):

Yes ☐  No ☐

Please provide more detail here (if required):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Principal’s name (please print): ___________________ Telephone number: ___________________

Signature of Principal: ___________________________  Date: ___/___/____

Note: Please complete the Certificate of Extended Leave – Vacation/ Travel if requested leave is to be approved.