CLAREMONT COLLEGE
An Anglican Co-Educational Primary School

Application for Extended Leave – Vacation/ Travel

NOTE: PART A is to be **completed by the student's parent** and returned to their child's school principal.

PART A: STUDENT DETAILS

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

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE	SRN

Student address: _____

_____ Postcode: _____

School name: _____

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

Number of school days: _____

Reason for travel: _____

Relevant travel documentation such as an e-ticket or itinerary (in the case of non-flight bound travel within Australia only) must be attached to this application.

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

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

Number of school days: _____

Copy of Certification of Exemption/Extended Leave – Travel attached (Please tick ☑) Yes ☐ No ☐

PARENT DETAILS (Applicant)

Family name: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent 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 <u>Certificate</u> of Extended Leave – Vacation/ Travel if requested leave is to be approved.