



OUR LADY OF THE ROSARY SCHOOL

8 DIANA AVENUE, KELLYVILLE 2155

PHONE: 9629 2566; FAX: 9629 2148

Website: www.olorkellyville.catholic.edu.au

Email: olorkellyville@parra.catholic.edu.au

Application for Extended Leave – Travel (5 or more days)

Family holidays and travel outside of school holiday period will be considered individually based on your child's attendance, the intention of the extended leave and the impact on your child's participation and progress at school.

**Form
A1**

Part A: To be completed by Parent/Caregiver and returned to the school. Separate applications are to be completed for each school if siblings do not attend the same school.

School Name:

Suburb:

Student/s Details

Family Name	Given Name	Date of Birth	Age	Grade/Class

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		

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 application.

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:

- o I am responsible for the supervision of the student/s during the period of extended leave
- o The accepted period of extended leave is limited to the period indicated
- o The accepted period of extended leave is subject to the conditions listed on the Certificate of Extended Leave
- o 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:

- o General student administration relating to the education and welfare of the student
- o Communication with students and parents/caregivers
- o To ensure the health, safety and welfare of students, staff and visitors to the school
- o State and national reporting purposes
- o For any other purpose required by law

Once you have completed and signed this application, please return to the school Principal

Part B: To be completed by the Principal

I accept this Application for Extended Leave - Travel

Yes No

Please provide more detail here (if Required):

Principal's name: (please print): _____

Signature of Principal: _____

Date: ____/____/____

Please complete the Certificate of Extended Leave - Travel if requested leave is approved



OUR LADY OF THE ROSARY SCHOOL

8 DIANA AVENUE, KELLYVILLE 2155

PHONE: 9629 2566; FAX: 9629 2148

Website: www.olorkellyville.catholic.edu.au

Email: olorkellyville@parra.catholic.edu.au

Certificate for Extended Leave - Travel (5 or more days)

C1

School Name:

Suburb:

Family Name	Given Name	Start Date of Leave	End Date of Leave	Total No. of School Days

I accept the Application for Extended Leave – Travel for the above mentioned student and for the period of time stated above.

Reason for approving the period of extended leave:

Conditions applicable (if any) to the approved period of extended leave:

It has been explained to the parent/caregiver that they are responsible for the student's supervision during the approved period of extended leave. The parent/caregiver understands that the period of extended leave is limited to the period indicated and acknowledges that the period of extended leave is subject to the conditions listed above.

Principal's Name	Principal's Signature	Date

Please attach the Application for Extended Leave – Travel to this Certificate. The parent/caregiver is to receive the original with a signed copy being retained by the school

