



# St Agnes Catholic High School

## Application for Extended Leave (L) – Travel (Leave between 10 and 100 days)

**Form A.1**

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.

<b>School Name:</b>	St Agnes Catholic High School
<b>Suburb:</b>	Rooty Hill NSW

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

Student/s Address	
<b>Street No. and Name:</b>	
<b>Suburb:</b>	

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 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:

- 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



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## 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**