APPLICATION FOR EXTENDED LEAVE – TRAVEL



Note: PART A is to be completed by the student's parent and returned to their child's school principal at least three (3) days prior to travel.

Seperate forms are to be completed for each school if siblings do not attend the same school.

Students travelling overseas must attach copy of the confirmed travel booking - with a return date - to this application.

Students travelling overseas are required to produce evidence of a local area address on their return to school such as a Tenant Ledger, current electricity account.

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 (Office Use)
Student address:					
School name: Westmea	d Public School				
Dates of extended leave	applied for: From //	/ to	/	,	
	Refer to Princip				s exceeds 50 days
<u> </u>		,			
Reason for travel					
Relevant travel documenta must be attached to this ap	tion such as an e ticket or itine	erary (in the case	of non flight	bound travel	within Australia only
	F				
DETAILS OF PRIOR I	EXEMPTIONS/EXTENDE	ED LEAVE – 1	FRAVEL (if	applicable	e)
Date of prior exemption/	extended leave: From:	_//to	:/	_/	
Number of school days:					
Copy of Certificate of E	xemption/Extended Leave	e-Travel attach	ed (Please	tick 0):Yes	□ No □
PARENT DETAILS (A	pplicant)				
Family name:		Given name:			
Address:				_ Postcode:	
	Re				
	ant, I hereby apply for a <i>Ce</i>				
	eriod of extended leave upo				

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-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- Travel* may result in the provided period of extended leave being cancelled.

Signature of parent/s:_____

Date:___/__/

PRIVACY STATEMENT

The NSW Department of Education is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's *Application for Extended Leave-Travel* during the period indicated.

It will only be used or disclosed for the following purposes.

- General student administration relating to the education and welfare of the student
- Communication with students and parents
- 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.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.

PART B : TO BE COMPLETED BY THE PRINCIPAL

I accept this Application for Extended Leave- Travel Yes DNO D	(Please tick one box 0):		
Please provide more detail here (if required):			
Principal's name (please print): David Jenkins	Telephone number: (02) 9635-7793		
Signature of principal:	Date://		
Note: Please complete the Certificate of Extended	I Leave - Travel if requested leave is to be provided.		