



# APPLICATION FOR EXTENDED LEAVE – VACATION/ TRAVEL

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

## 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

Student Address

Postcode

School name

**THOMAS HASSALL ANGLICAN COLLEGE**

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



# APPLICATION FOR EXTENDED LEAVE – VACATION/ TRAVEL

## PARENT DETAILS (Applicant)

Family Name

Given Name

Address

Postcode

Phone Number

Relationship

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

Date

/ /

## PART B: TO BE COMPLETED BY THE PRINCIPAL

I accept this application of extended leave-vacation/travel (Please tick)

Yes

No

Please provide more detail here (if required)

Principal's name (please print)

Signature of Principal

Date

/ /

Phone Number

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