



Extended Leave – Vacation/Travel Application Form

Part A: Student Details

Part A is to be completed by the student's parent and returned to their child's school principal. Please complete the table below with details of all students associated with the period of travel.

Family Name	Given Name	DOB	Age	Year Level

Student Address			
Suburb		Postcode	
School Name	Nowra Anglican College		
From (eg 12/06/2020)		To (eg 22/06/2020)	
Total 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.



Parent Details (Applicant)

Part A is to be completed by the student's parent and returned to their child's school principal. Please complete the table below with details of all students associated with the period of travel.

Family Name		Given Name	
Parent's Address			
Suburb		Postcode	
Telephone		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		Date	
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Part B: To be completed by the Principal

I accept this Application for Extended Leave – Vacation / Travel

Principal's Name			
Principal's Signature		Date	
Note: Please complete the Certificate of Extended Leave – Vacation/Travel if requested leave is to be approved.			
Notified: HOS / Class / Tutor / Year Coordinator Entered in: Edumate			