



A GUIDE TO APPLYING FOR EXTENDED LEAVE – Travel (Over 10 days)

Principals do not grant Extended Leave –Travel during the school term lightly. The focus of the school and the Education Act-1990, is on maximising a student's opportunities to become successful learners. The importance of students being in class and participating in the full range of class activities cannot be over emphasised.

When considering whether to request leave during the school term it is important for parents / carers to weigh up the opportunity for learning versus the cost to learning associated with taking time out of school.

Apply early - Give yourself as much time as possible to complete the application process properly and speak with your class teachers & buddy up with a student in your class to obtain work that will be missed while you are away (see back page).

- Step 1:** Check there are **NO EXAMS** during the time you will be away on leave
- Step 2:** Complete this form outlining information regarding your school commitments during the proposed absence. **Check the School & Assessment Calendars and (Moodle – student login required)**
- Step 3:** Complete the attached Leave Request Form and arrange to meet with the Principal (if applicable)
- Step 4:** Attach relevant travel documentation such as an e ticket or itinerary

Student Name: _____ Yr: _____

Parent daytime contact No.: _____

Leave dates: _____ / _____ / _____ to _____ / _____ / _____

Assessment tasks / school events occurring during the proposed absence (as per Calendar/Moodle):

Subject / Event: _____

Task: _____

Subject / Event: _____

Task: _____

Subject / Event: _____

Task: _____

Name of Parent checking calendar/moodle: _____ Signature: _____

*(Signing this document confirms that you have checked for
Assessment/Assignments on moodle with your student)*

APPLICATION FOR EXTENDED LEAVE – TRAVEL



Education &
Communities

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

Separate applications are to be completed for each school if siblings do not attend the same school.

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

Student address: _____

Postcode: _____

School name: _____

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.

DETAILS OF PRIOR EXEMPTIONS/EXTENDED LEAVE – TRAVEL (if applicable)

Date of prior exemption/extended leave: From: ___ / ___ / ___ to: ___ / ___ / ___

Number of school days: _____

Copy of Certificate of Exemption/Extended Leave-Travel attached (Please tick): Yes No

PARENT DETAILS (Applicant)

Family name: _____ Given name: _____

Address: _____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent and applicant, I hereby apply for a *Certificate of Extended Leave-Travel* and understand my child will be granted a period of extended leave upon acceptance by the principal of the reason provided.

CERTIFICATE OF EXTENDED LEAVE - TRAVEL



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The student/s whose details appear below has been provided a period of extended leave from school for the purpose of travel.

Where an application is made by a parent with more than one child a separate copy of this *Certificate* should be placed in each student's file.

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

Address: _____ Postcode: _____

School name: _____ School's telephone: _____

Dates of extended leave: From ___ / ___ / ___ to ___ / ___ / ___

Reason for providing the period of extended leave:

Conditions applicable to providing the period of extended leave:

It has been explained to the parent of the above mentioned student/s that they are responsible for his/her supervision during the provided period of extended leave.

The parent understands that the period of extended leave is limited to the period indicated and acknowledges that the provided period of extended leave is subject to the conditions listed.

Principal name: _____ Principal signature: _____ Date: ___ / ___ / ___

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers.

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 Department of Education and Communities 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* (Please tick one box

Yes No

Please provide more detail here (if required):

Principal's name (please print): _____ Telephone number: _____

Signature of principal: _____ Date: ____ / ____ / ____

Note: Please complete the Certificate of Extended Leave - Travel if requested leave is to be provided.



Tweed River High School
Independent Learning Contract
For Students on an Attendance Exemption/Leave Request

Student Name: _____ Year: _____

Approved exemption dates: ____ / ____ / ____ to ____ / ____ / ____ Attendance this year: ____ %

Choose a buddy or buddies to collect class information for you in your absence

Subject	Teacher's Signature	Buddy Name	Course Requirements: eg. Assessment due, work to be completed
English			

- I acknowledge it is my responsibility to **complete all set tasks** and any **missed work** during my absence.
- I will contact my buddy regularly to organise the exchange of notes etc. I also understand that due dates and extensions on assessment tasks/assignments will need to be negotiated with my Teacher – through the Illness/Misadventure Special Circumstances form as indicated in the Assessment Guide and **Course Requirements** – available on the school website.

Student's Signature: _____

Date: ____ / ____ / ____

Parent/Carer Signature: _____

Date: ____ / ____ / ____

Deputy Principal: _____

Date: ____ / ____ / ____

OFFICE USE: Copy of Learning Contract given to Student

Date: ____ / ____ / ____

