



Application for Extended Leave

Student Family Name: _____ Given Name(s): _____

Age: _____ Date of Birth: _____ Student Number: _____

Address: _____

Postcode: _____

Date of leave applied for: ____/____/____ to ____/____/____

Reason for application for Extended Leave: (Please tick)

Exceptional domestic circumstances	<input type="checkbox"/>
Other exceptional circumstances	<input type="checkbox"/>
Direction under the <i>Public Health Act 2010</i>	<input type="checkbox"/>
Employment in entertainment industry/participation in elite sporting event for short periods of time, i.e. for one or two days, and at short notice	<input type="checkbox"/>

Reason for application (including why this travel is occurring in school time):

Note: Relevant travel documentation such as an e-ticket or itinerary (in the case of non-flight travel within Australia only) must be attached to this application.

Previous Extended Leave granted: from ____/____/____ to ____/____/____ Number of school days: _____

Certificate of prior Extended Leave attached? Yes No

Declaration by parent/guardian/caregiver:

As the parent of the abovementioned student, I hereby apply for a Certificate of Extended Leave from attendance at school, under the *Education Act 1990*. I understand that if the exemption is granted:

- I am responsible for his/her supervision during the period of Extended Leave
- the Extended Leave is limited to the period indicated
- the Extended Leave is subject to the conditions listed on the Certificate of Extended Leave
- the Extended Leave may be cancelled at any time

I declare the information provided in this application for a Certificate of Extended Leave 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 Certificate of Extended Leave may result in the Extended Leave being revoked.

Parent/Guardian/Caregiver Details

Family Name: _____ Given Name(s): _____

Address: _____ Postcode: _____

Telephone Number: _____ Relationship to student: _____

Signature of applicant/s: _____ Date: ____/____/____