NOTE: A copy of a parenting order granting parental responsibility or a parent return to their child's school principal. Separate applications are to be completed for each school if siblings do not attend the same school.

Please complete the table below with details of all students associated with the period of travel:

<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>GIVEN NAME</th>
<th>DOB</th>
<th>AGE</th>
<th>GRADE</th>
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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 a ticket or itinerary (in the case of non-flight-bound travel within Australia only) must be attached to this application.

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 □

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.
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: ____ / ____ / ____

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.
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.

Please complete table below with details of all students associated with the period of travel:

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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.