



# Catholic Schools Office

Diocese of Broken Bay

**Form A1**  
Application form

## Application for Extended Leave (L) – Travel

*To be completed by parent/caregiver for leave of 10 or more days for the purpose of travel within Australia and/or overseas*

Student Details				
Family Name	Given Name	DOB	Age	Grade
Address:				
			Postcode:	

School Details	
School name: MARIA REGINA AVALON	School Telephone No.02 9847 0611

Application for Extended Leave – Travel			
Dates leave applied for:	From:	To:	Total number of school days:
Reason for travel:			

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

Are there any prior or current leave applications (for the current year's application, this is inclusive of recent approved exemptions for travel during the previous year)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, provide details below)
Dates of prior/current leave/exemption(s) applied for	From:	To:	No. of school days:
Is copy of prior/current Certificate of Exemption attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Parent/Caregiver Details (applicant)	
Family name:	Given name(s):
Address:	
	Postcode:
Contact Tel:	Relationship to student:

**Declaration and Signature**

As the parent/caregiver and applicant for the above mentioned student, I hereby apply for a *Certificate of Extended Leave – Travel* and understand my child/children 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 the supervision of the student during the period of extended leave
- the accepted period of extended leave is limited to the period indicated
- the accepted 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/children’s absences from school.

I declare that the information provided in this application for a *Certificate of Extended Leave – Travel* 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 may result in the exemption being revoked.

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*Signature of parent/s*
*Date*

**Privacy Statement**

The information provided will be used to process the student’s Application for an Extended Leave – Travel during the period indicated. It will only be 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 any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

**Once you have completed and signed this application please return this form to the school principal**