

ST BERNADETTE'S SCHOOL, CASTLE HILL NSW 2154

Application for Extended Leave - Travel

Family holidays and travel outside of school holiday period will be considered individually based on your child's attendance, the intention of the extended leave and the impact on your child's participation and progress at school.

Form A1

Part A: To be completed by Parent/Caregiver and returned to the school. Separate applications are to be completed for each school if siblings do not attend the same school.												
School Name:												
Suburb:												
Student/s Details												
Family Name		Given Name		Date of Birth	Age	Grade/Class						
Student/s Address												
Street No. and Name:												
Suburb:												
Postcode:												
Details of Extended Leave												
Start Date of Leave		End Date of Leave		Total No. of School Days								
Reason for Travel												





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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.

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Are there any current or previous applications for extended leave during this current school year? (Please tick) If yes, please provide details of previous extended leave below.							
Previous Leave Start Date		Previous Leave End Date			No. of School Days		
		Parent/Caregive	ar Nataile				
Family Name		Parent/Caregiver Details Given Name Relationship to St			o Student/s		
Street No. and Name:					Postcode:		
Suburb:					Phone No:		
o The accepted period o The accepted period	ication is a he supervof extend of extend ed leave von provide ments in total	d/children will be granted a paccepted: vision of the student/s during ed leave is limited to the pered leave is subject to the cowill count towards my child's din this application later prove to recognise that a failure to come	the period of extending the period of indicated indicate	ended leave upor of extended leave of on the Certificat osences from school	te of Extended ool. belief; accuradecision made	by the Prind d Leave te and cores as a resu	mplete
Signature of Parent/Caregiv	er		Date				





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Privacy Statement

The information provided will be used to process the student's Application for 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
- o Communication with students and parents/caregivers
- o To ensure the health, safety and welfare of students, staff and visitors to the school
- State and national reporting purposes
- o For any other purpose required by law

Once you have completed and signed this application, please return to the school Principal

Part B: To be completed by the Principal						
I accept this Application for Extended Leave - Travel						
Yes □ No □						
Please provide more detail here (if Required):						
Principal's name: (please print):						
Signature of Principal:						
Date://						

Please complete the Certificate of Extended Leave - Travel if requested leave is approved

