

Application for Extended Leave - Travel

Note: Part A is to be completed by the student's parent and returned to the Principal.

Part A STUDENT DETAILS

FAMILY NAME	GIVEN NAME	DOB	AGE	YEAR

Address: _____
 _____ Postcode: _____

School name: _____

Date of exemption applied for: ___/___/___ 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 PREVIOUS EXTENDED LEAVE – TRAVEL APPLICATIONS (If applicable)

1. Date of exemption applied for: ___/___/___ to: ___/___/___ No. of school days: _____

Reason for travel _____

2. Date of exemption applied for: ___/___/___ to: ___/___/___ No. of school days: _____

Reason for travel _____

PARENT/GUARDIAN DETAILS (Applicant)

Given Name: _____ Family Name: _____

Address: _____ Postcode: _____

Relationship to student: _____ Phone No. _____

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: _____ Date: _____

The information that you provide will be used to process your child's *Application for Extended Leave-Travel* during the period indicated. This information is treated in accordance with the TLCC/CCM Standard Collection Notice and Privacy Policy, both of which are available on the College website: www.thelakescc.nsw.edu.au.

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 College.

Part B PRINCIPAL TO COMPLETE

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): _____ Phone number: _____

Signature of Principal: _____ Date: _____

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



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Certificate of Extended Leave - Travel

STUDENT DETAILS

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

FAMILY NAME	GIVEN NAME	DOB	AGE	YEAR

Address: _____
_____ Postcode: _____

School name: _____ School Phone: _____

Date of exemption applied for: ___/___/___ to: ___/___/___ Number of school days: _____

Reason for providing the extended leave: _____

Conditions applicable to providing the period of extended leave: _____

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

The parent/guardian 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: _____ Signature: _____ Date: ___/___/___