

RED BEND CATHOLIC COLLEGE



APPLICATION FOR EXTENDED LEAVE - TRAVEL

PART A: Student Details

Once you have completed and signed this application please return this form to the Student Services Office or Email: absent@redbendcc.nsw.edu.au

Family name:	Given name/s	:	DOB	Age	Grade			
Tuminy number	Giron name, s	•						
Student/s address:								
				Postcode:				
DATES OF EXTENDED LEAVE APPLIED FOR:								
Date of prior extended leave from: 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 submitted with this application.								
DETAILS OF PRIOR / CURRENT EXEMPTIONS or APPLICATION FOR EXTENDED LEAVE - TRAVEL (if applicable)								
Date of prior extended leave from: to								
Number of school days:								
Copy of prior/current Certificate of Extended Leave attached: (Please tick one box)								
YES NO								









PARENT / CARER DETAILS

Family name:	Given name(s):	
Address:		
	Postcode:	
Phone:	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 / CARER:	DATE:	/ /	•
SIGNATURE OF PAREITY / CARER.	 DAIL	′	

Once you have completed and signed this application please return this form to the Student Services Office or Email: absent@redbendcc.nsw.edu.au







PART B: TO BE COMPLETED BY THE PRINCIPAL

The Application for Extended	l Leave – Travel is:	
APPROVED		
UNAPPROVED		
Additional information (if rec	quired). If the application is declin	ed, please outline the reason here:
Principal's name		
Signature		Date
Note: Please complete the	Certificate of Extended Leave – Tr	ravel if requested leave is approved or

complete the *Rejected Letter of Extended Leave - Travel* if requested leave is not granted.

The original certificate/letter is to be given to the parent, with a copy kept on the student's file.

Where an application is made by a parent/carer with more than one child, a separate copy of this Certificate should be placed in each student's file.



