

RED BEND CATHOLIC COLLEGE

APPI	FORM A.1					
Exemption from counted as an a	n School absence f	Proced or stat	amily holidays a dures. Travel - Le istical purposes.	ave outside of v	acation period	d is now
Part A is to be of school Principa		d by tl	ne Student's Par	ent or Caregive	r and returned	to their child's
	ed by the	e stude	ent's parent and uu_or in person.	returned to the	school	
Complete table	e below w	rith de	tails of all studer	nts associated w	ith the period	of leave:
FAMILY NAME		GIVEN NAME		DOB	AGE	YEAR
Student Full Address						
Details of exter	nded Leav	/e				
Start date			End date of leave		No. of school days	

absent



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Reason for leave (including why this leave is occurring during school time)							
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:							
Start date		End date of leave		No. of school days absent			
Copy of prior Certificate of Exemption/Extended Leave or Travel attached: PARENT/GUARDIAN DETAILS Full name:							
Telephone: Relationship to student:							
Address:							

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 - Travel. The provided period of extended Leave - Travel is limited to the period indicated the provided period of extended Leave - Travel is subject to the conditions listed on the *Certificate of Extended Leave - Travel*.

For leave greater than 50 days (10 weeks of a school term): When travel/leave period exceeds 10 weeks access to Distance Education or enrolment in another school must be considered.

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;



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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.

I understand that my child should submit any assessment task prior to taking the approved leave or have met with the Director of Curriculum to organise an extension.

Subject	Asse	essment Task/Exam	Extension Date			
Signature of pare	ent/guard	lian: Date	e:			
-		d and signed this application please return remail: absent@redbendcc.nsw.edu.au	this form to the			
To be complete	ed by the	Principal				
Curriculum		Student has obtained an extension/s for any assessments that are due during this leave period.				
		Director or Curriculum				
Granted		Complete Form C1 (Certificate of Approved Leave)				
Declined		Complete Letter Declining an Application for Extended Leave				
Leave to be registered		Approved				
		Unjustified / unexplained				
Signature of Prin	ıcipal:	Date:				