

Application for Extended Leave – Including Travel

Leave 10 days or over

NOTE: This form is to be completed by the student's Parent/Carer and returned to the school principal.

STUDENT DETAILS

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

FAMILY NAME	GIVEN NAME	DOB	GRADE

Student Address Postcode

School Name		

Details of Extended leave:

Start date of leave	End date of leave
Number of School Days absent:	

Reasons for Travel (including why this travel is occurring during school time)	

Hatchett Street, Cranbrook, Townsville Postal Address: PO Box 26, Aitkenvale, Qld, 4814

(07) 4779 4255 | crnbrk@tsv.catholic.edu.au hsstsv.catholic.edu.au

PARENT DETAILS

Family Name	Given Name	
Address	Postcode	
Telephone Number	Relationship to Student	

As the parent and applicant, I hereby apply for a Certificate of Extended Leave 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.

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 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; 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 may result in the provided period of extended leave being cancelled.

Signature of Parent/Caregiver:

Date:

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