



Student Application for Extended Leave

NOTE: PARTS A, B and C are to be completed by the student's parents/guardians and returned to the front office.

PART A: STUDENT DETAILS

Please complete the table below with details of all children associated with this period of leave.

FAMILY NAME	GIVEN NAME	AGE	YEAR LEVEL

Student address:

Postcode: _____

Dates of leave

First day absent from school ____ / ____ / ____ Last day absent from school ____ / ____ / ____

Number of school days absent _____

Reason for leave (including why this is occurring in school time:

If leave is for travel, relevant documentation such as an e-ticket or itinerary MUST be attached to this application.

Please Note: Students are welcome to access SEQTA while they are away on leave, however, no special arrangements will be made for homework or missed lesson. Students in Years 10, 11 and 12 need to see Ms. Kym Armstrong, Director of Studies, to make provision for any assessments due during the period of leave.

PART B: DETAILS OF PRIOR EXEMPTIONS/LEAVE (if applicable)

Dates of prior approved leave this year:

From ____ / ____ / ____ to ____ / ____ / ____

From ____ / ____ / ____ to ____ / ____ / ____

Number of school days _____

PART C: 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 leave upon acceptance by the Principal of the reason provided.

I understand that if the application is accepted:

- I am responsible for my child/children during the period of leave
- The provide period of leave is limited to the period indicated
- The provided period of leave will count towards my child's/children'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 recognize 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 recognize that a failure to comply with any condition set out in this *Application for Extended Leave* may result in the provided period of leave being cancelled.

Signature of parent: _____ Date: ____ / ____ / ____

PART D: TO BE COMPLETED BY THE PRINCIPAL

I approve this *Application for Extended Leave* Yes No

Please provide more detail here (if required):

Principal's name: Mr. Justin Beckett

Signature of Principal: _____ Date: ____ / ____ / ____

Please Note: Parents are advised to carry the approved *Application of Extended Leave* as it may be requested by Government Officials including Department of Immigration and Border Protection, Police, Home School Liaison Officers, etc.