ST BEDE'S CATHOLIC COLLEGE

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ST BEDE'S CATHOLIC COLLEGE

APPLICATION FOR EXTENDED LEAVE – TEN DAYS or MORE

To be completed by parent/caregiver for leave of 10 or more days **for the purpose of travel** within Australia and/or overseas. This documentation is required to be completed by both the parent/caregiver (Part A) and the student (Part B) not less than one week prior to the first day for which the first day of leave is requested.

Note also, in every case where a student is absent from a formal assessment task an Absence, Illness and Misadventure form must also be completed and attached to this request.

Part A
To be completed by parent/caregiver; *if exemption is sought for more than one student, separate applications need to be made*

Student Details			
Family name:		Given name(s):	
Address:			Postcode:
Date of Birth:	Age:	Year:	Homeroom:

Application for Leave			
Dates leave applied for:	From:	To:	Total number of school days:
Reason for travel:			

Relevant travel documentation, such as an eTicket (in case of flight bound travel) or itinerary (in the case of non-flight bound travel within Australia only), must be attached to this application.

Are there any prior or current leave applications	Yes ☐	No ☐	(If yes, provide details below)
Dates of prior/current leave/exemption(s) applied for	From:	To:	No of school days:
Is a copy of prior/current Certificate of Exemption attached?	Yes ☐	No ☐	

Parent/Caregiver Details (applicant)		
Family name:	Given name(s):	
Address:		Postcode:
Contact telephone:	Relationship to student:	

Declaration/Signature

As the parent/caregiver of the abovementioned student, I understand that, if the leave is granted:

- I am responsible for the supervision of the student during the Period of Leave/Exemption
- the leave/exemption is limited to the period indicated
- the leave/exemption is subject to the conditions listed on the Certificate of Leave/Exemption
- the leave/exemption may be cancelled at any time.

I declare that the information provided in this Application for a Leave 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 because of this Application may be reversed.

Signature of applicant/s _____ Date_____

Privacy Statement

The information provided will be used to process the student's application for an exemption from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes:

- general student administration relating to the education and welfare of the student
- communication with students and parents
- to ensure the health, safety and welfare of students, staff and visitors to the school
- State and national reporting purposes
- for any other purpose required by law.

The information will be stored securely. You may access or correct any personal information. If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

Part B
To be completed by student requesting exemption from attendance at school

List all your subjects and teachers, including your homeroom teacher. You must show this application to each teacher to have them sign so they may discuss your intended leave period.

Subject	Teacher	Teacher signature	Assessment due during period of leave?

Student Coordinator:	Signature:

In cases where you are absent from an assessment task, test or examination whilst you are absent you must also discuss this matter with your teacher or coordinator. You must attach an Illness/Misadventure form for any absences.

Student Declaration		
	Signature	**Date**
I have attached an Illness/Misadventure form for any assessments during my period of absence.		
I do not have any assessments due during my period of absence?		

Once you have completed and signed please return this completed form to the Assistant Principal for their comment and signature. The form will then be forwarded to the Principal for their final approval.

Assistant Principal's Recommendation		
Recommended ☐	Conditionally Recommended ☐	Not Recommended ☐
Comment:		
Signature:	Date:	

Principal's Recommendation	
Approved ☐	Not Approved ☐
Comment:	
Signature:	Date: