



BEDE POLDING COLLEGE

**Application for Extended Leave – Travel (L)**  
**(Leave between 10 and 100 days)**

**Form A.1**

This part is to be completed by the parent or caregiver of the student/s for leave of more than 10 days for the purpose of travel within Australia and/or overseas.

<b>School Name:</b>	Bede Polding College
<b>Suburb:</b>	South Windsor

**Student/s Details**

Family Name	Given Name	Date of Birth	Age	Grade/Class

**Student/s Address**

<b>Street No. and Name:</b>	
<b>Suburb:</b>	
<b>Postcode:</b>	

**Details of Extended Leave**

Start Date of Leave	End Date of Leave	Total No. of School Days

**Reason for Travel**

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

Details of Prior Approved Extended Leave - Travel			
Are there any current or previous applications for extended leave during this current school year? (Please tick) If yes, please provide details of previous extended leave below.			<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Previous Leave Start Date	Previous Leave End Date	No. of School Days	
Parent/Caregiver Details			
Family Name	Given Name	Relationship to Student/s	
<b>Street No. and Name:</b>		<b>Postcode:</b>	
<b>Suburb:</b>		<b>Phone No:</b>	

As the parent/caregiver and the applicant for the above mentioned student/s, I hereby apply for a Certificate of Extended Leave – Travel and understand that my child/children will be granted a period of extended leave upon acceptance by the Principal for the reason provided.

I understand that, if the application is accepted:

- I am responsible for the supervision of the student/s during the period of extended leave
- The accepted period of extended leave is limited to the period indicated
- The accepted period of extended leave is subject to the conditions listed on the Certificate of Extended Leave
- The period of extended leave will count towards my child's/children's absences from school.

I declare that 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 may result in the provided period of extended leave being cancelled.

Signature of Parent/Caregiver	Date

### Privacy Statement

The information provided will be used to process the student's Application for Extended Leave – Travel during the period indicated. 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/caregivers
- 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