



Greek Orthodox Archdiocese of Australia

ST EUPHEMIA COLLEGE

ΤΕΛΕΙΟΙ ΓΙΝΕΣΘΕ

Application for Extended Leave - Travel

Part A, B and C must be completed by the student's parent/carer and returned to the Principal via office@steuphemia.nsw.edu.au

PART A: TO BE COMPLETED BY THE STUDENT'S PARENT/CARER

Please complete table below with details of all students at this school associated with the period of travel.

Surname	Given name	DOB	Age	Year Level

ADDRESS:

_____ Postcode: _____

DATES OF EXTENDED LEAVE APPLIED FOR:

From : ____/____/____ To: ____/____/____

Number of school days: _____

REASON FOR TRAVEL (INCLUDING WHY THIS TRAVEL IS OCCURRING IN 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 submitted** with this application.

PART B: DETAILS OF PRIOR EXTENDED LEAVE – TRAVEL (IF APPLICABLE)

DETAILS OF PRIOR EXTENDED LEAVE

From : ____/____/____ To: ____/____/____

Number of school days: _____

Copy of prior/current Certificate of extended leave attached: (Please tick one box)

YES

NO

PART C: PARENT/CARER DETAILS

Family name: _____ Given name(s): _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student: _____

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
- The provided period of extended leave is limited to the period indicated
- The provided period of extended leave is subject to the conditions listed on the *Certificate of Extended Leave – Travel*
- 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 - Travel* may result in the provided period of extended leave being cancelled.

SIGNATURE OF PARENT / CARER: _____ DATE: ____/____/____

APPLICATION FOR EXTENDED LEAVE - TRAVEL

PART D: TO BE COMPLETED BY THE PRINCIPAL

I approve the Application for Extended Leave –

Travel for _____ for the following dates _____.

YES

NO

Please provide more detail here (if required):

NAME OF PRINCIPAL: Penny Pachos

PRINCIPAL'S SIGNATURE:

DATE: ____ / ____ / ____

NOTIFICATION OF APPLICANT: ____ / ____ / ____

Note: Please complete the *Certificate of Extended Leave – Travel* if requested leave is approved.

The original certificate is to be given to the parent, with a copy kept on the student's file.

The parents should be advised to carry the Certificate as it may be requested by government officials including Department of Home Affairs, Police, Home School Liaison Officers etc.

Where an application is made by a parent/carer with more than one child, a separate copy of this Certificate should be placed in each student's file.