

KHS- Application for Extended Leave-Travel

Kirrawee High School

Application for Extended Leave - Travel

- This form is to be completed by the student's parent and returned to their child's school principal.
- Separate applications are to be completed for each school if siblings do not attend the same school.

Student Details

Student name *	Student date of birth *
Student name	Student date of birth
Student name	Student date of birth
Student name	Student date of birth
Student address *	
Dates of extended leave applied for	
From *	To *
Number of school days *	
Reason for travel *	
Relevant travel documentation such as an eto this application.	e ticket or itinerary (in the case of non flight bound travel within Australia only) must be attached
Relevant travel documentation in support o	f this application must be uploaded here
Select file	Browse

Details of prior exemptions/extended leave - travel (if applicable)

Date of prior exemption/extended leave					
From	То		Number of school days		
	School days missed				
Copy of Certificate of Exemption/Extended Lo	eave - Travel attached				
Select file				Browse	
	Parent details	(applicant)			
Applicant full name *		Phone number *			
Address *		Relationship to student *			
Applicant email address *					
			,		
Students are responsible for ensuring all assess	sments are completed be	efore the leave begins ar	nd/or apply for variations pr	ior to leaving	
Comments					
As the parent and applicant, I hereby apply for a extended leave upon acceptance by the principa			rstand my child will be grant	ted a period of	
I understand that if the application is accepted					
I am responsible for his/her supervision du	uring the period of exten	ided leave			
The provided period of extended leave is liftThe provided period of extended leave is st			of Extended Leave - Travel		
The period of extended leave will count tov	wards my child's absenc	es from school			
I declare the information provided in this applica should statements in this application later prove					
I further recognise that a failure to comply with a period of extended leave being cancelled.					
Control of the Contro					
Signature *					
Please sign in the box above using your mouse or finger (on mobile devices) - Reset					
Date *					

Privacy Statement

The Department of Education is subject to the *Privacy and Personal Information Protection Act 1998*. The information that you provide will be used to process your child's *Application for Extended Leave - Travel* during the period indicated.

It will only be used or 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 by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used or disclosed, you should contact the school.

	To be completed by the Principal		
I accept this Application for Extended Leave	Yes	No	
Principals Name (please print):			
Phone Number			
Signature of Principal			
Please sign in the box above using your mouse or finger (on mobile devices) - Reset			
Date			