



# APPLICATION FOR Extended Leave – Vacation / Travel

**NOTE: PART A** is to be completed by the student's parent and returned to the Student Services Officer at [studentservices@krb.nsw.edu.au](mailto:studentservices@krb.nsw.edu.au)

## PART A STUDENT DETAILS

Please complete table below with details of all students associated with the period of travel:

FAMILY NAME	GIVEN NAME	DOB	YEAR GROUP

**School name:** Kincoppal – Rose Bay School of the Sacred Heart

**Dates of extended leave applied for:** From:        /        /        to        /        /

**Number of school days:**

**Reason for travel:**

- ☐ I have attached the relevant travel documentation such as an e-ticket or itinerary (in the case of non-flight bound travel within Australia only).
- ☐ An Academic Plan detailing how my child will keep up with their school work is also attached.



## PART B PARENT DETAILS

Family name:

Given Name

Telephone number:

Relationship to student:

As the parent and applicant, I hereby apply for a Certificate of Extended Leave-Vacation/ 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 – Vacation / 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- Vacation/ Travel may result in the provided period of extended leave being cancelled.

\_\_\_\_\_  
Signature of Parent or Guardian 1

\_\_\_\_\_  
Name, Date