



Shellharbour
Anglican College

Application for Extended Leave – Travel (greater than 2 days)

To be completed for holidays and travel during school term etc, and submitted at least 2 weeks prior to leave.

To be completed by the student's parent/carer(s) and returned to info@shac.nsw.edu.au and addressed to the Principal.

PART A. STUDENT DETAILS

Please complete the table below with details of all students at this College associated with the period of leave.

Family Name	Given Name	DOB	Age	Grade	Class/Tutor Group

Student Address: _____

_____ Postcode: _____


School name: **SHELLHARBOUR ANGLICAN COLLEGE**

Dates of extended leave applied for: from ____ / ____ / _____ to: ____ / ____ / _____

Number of school days: _____

REASON FOR THIS APPLICATION (including why this travel is occurring in school time):

DESTINATION: _____

IMPORTANT: Relevant travel documentation such as an e-ticket or itinerary must be attached to this application. 

PART B: DETAILS OF PRIOR/CURRENT EXTENDED LEAVE GRANTED (if applicable)

Date of prior/current extended leave from: ___ / ___ / ____ to: ___ / ___ / ____

Number of school days: _____

Certificate of Exemption/Extended Leave – Travel attached (Please tick): Yes No

PART C: PARENT/CARER DETAILS

Family name: _____ Given name(s): _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent/carer of the above mentioned student, 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 leave is granted:

- I am responsible for his/her supervision during the period of leave.
- the leave is limited to the period indicated on this application.
- the leave may be cancelled at any time.
- The leave is subject to the conditions listed on the Certificate of Extended Leave - Travel
- The period of leave will count towards my child's absences from school.
- I am aware that all school fees remain payable for the duration of any extended leave period

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 above may result in the Application for Extended Leave being cancelled.

Signature of parent/carer: _____ Date: ___ / ___ / ____

Please note that without a signature this leave form cannot be processed.

PART D: TO BE COMPLETED BY THE PRINCIPAL

I accept this Application for Extended Leave - Travel (Please tick one box

Yes No

Please provide more detail here (if required): _____

Principal's name (please print): MEGAN HASTIE Telephone number: 02 4297 6029

Signature of Principal: _____ Date: ____/____/____

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 Immigration and Border Protection, Police, Home School Liaison Officers etc.

OFFICE USE:

Admin		/ /
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