

Previous Leave Start Date

Our Lady of the Way

Act Justly - Love Tenderly - Walk Humbly

Application for Extended Leave - Travel (5 or more days)

Family holidays and travel outside of school holiday period will be considered individually based on

Form

| • | our child's attendance, the intention of the extended leave and the impact on your child's articipation and progress at school. | | | | | | | | | | |
|--|---|---|----------------------|------------------------|-----------|---------------|--|--|--|--|--|
| | | rent/Caregiver and returned to ot attend the same school. | the school. Separate | applications are to l | be compl | eted | | | | | |
| School Name: | Our Lady | of the Way Primary | | | | | | | | | |
| Suburb: | Emu Dlains | | | | | | | | | | |
| Student/s Details | | | | | | | | | | | |
| Family Name | | Given Name | Date of Birth | Birth Age Grade/Cl | | SS | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Student/s Address | | | | | | | | | | | |
| Street No. and Nar | o. and Name: | | | | | | | | | | |
| Suburb: | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Start Data of I | Lague | Details of Extend | | of Cabaal Days | | | | | | | |
| Start Date of Leave | | End Date of Leave Total No. of School Days | | | | | | | | | |
| | | Reason for 1 | ravel | | | | | | | | |
| | | | | | | | | | | | |
| | | nsuch as an eTicket (in the case ust be attached to this applicat | | or itinerary (in the c | ase of no | n-flight bour | | | | | |
| 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 provid | If yes, please provide details of previous extended leave below. | | | | | | | | | | |

Previous Leave End Date

No. of School Days

| | D ((0) | who an Date !! | | | |
|---|--|-----------------------------------|-----------------------|--------------------------|-----------------------|
| F9 M | Parent/Care | giver Details | Dalatia a del | - 4 - 0 4 - 4 4 - | |
| Family Name | Given Name | | Relationship | o to Student/s | |
| Street No. and Name: | | | | Postcode: | |
| Suburb: | | | | Phone No: | |
| | the applicant for the above mentic hild/children will be granted a peri | | | | |
| I understand that, if the app | lication is accepted: | | | | |
| o The accepted periodo The accepted period | the supervision of the student/s du of extended leave is limited to the of extended leave is subject to the led leave will count towards my chi | period indicated conditions liste | l d on the Certifi | icate of Extende | d Leave |
| that should statements in th | n provided in this application is to his application later prove to be fals to that a failure to comply with any belled. | e or misleading | any decision r | made as a result | t of this application |
| Signature of Parent/Caregiv | ver | Date | | | |
| | | | | | |
| Privacy Statement The information provided wi only be disclosed for the fol | Il be used to process the student's lowing purposes: | Application for E | extended Leave | e – Travel during | the period indicate |
| o Communication with | . • | | | | |
| Once you hav | e completed and signed this app | olication, pleas | e return to the | school Princip | pal |
| Part B: To be completed b | y the Principal | | | | |
| I accept this Application for | Extended Leave - Travel | | | | |
| Yes ا | سم_ Noس | | | | |
| Please provide more detail | | | | | |
| | Toro (II Noquileu). | | | | |

Signature of Principal:_____

Phillip Kapitanow Principal

Date: ____/___