



Australian Islamic College of Sydney

33 Headcorn Street, MT DRUITT, NSW 2770 A.B.N: 60 085 245 245

TEL: (02) 9677 2613 FAX: (02) 9677 2648

Email: info@aics.nsw.edu.au Website: www.aics.nsw.edu.au

Application for Extended Leave –Travel

NOTE: PARTS A, B and C are to be completed by the student's parent and returned to the Principal

PART A: STUDENT DETAILS

Please complete table below with details of all students at this school associated with the period of travel. Separate applications are required for each school if siblings do not attend the same school.

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE	Enrolment Register Number

Student address: _____ Postcode: _____

School name: _____

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 attached to this application.

PART B: PREVIOUS EXEMPTIONS/EXTENDED LEAVE - TRAVEL:

Date of prior exemption/extended leave: From: ___ / ___ / ___ to ___ / ___ / ___

Number of school days: _____

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



PART C: PARENT DETAILS

Family name: _____ Given Name: _____

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/s: _____ Date: ___ / ___ / ___

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): _____ Telephone number: _____

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.