



My Rock and My Fortress

Application for Extended Leave from Attendance at School

To be completed by the student's parents/caregivers

STUDENT DETAILS*

Family name: _____ Given name(s): _____

Age: _____ Date of birth (dd/mm/year): _____

Address: _____

Postcode: _____

School Name: _____

Dates of extended leave applied for (dd/mm/year): _____ to: _____

Number of school days: _____

PARENT/CAREGIVER DETAILS

Family name: _____ Given name(s): _____

Address: _____

Postcode: _____

Telephone Number: _____ Relationship to Student: _____

Reason for Application for Extended leave:

Please tick:

| | |
|--|--------------------------|
| Exceptional domestic circumstances (holiday) | <input type="checkbox"/> |
| Other exceptional circumstance (long term illness) | <input type="checkbox"/> |
| Direction under Section 42D of the <i>Public Health Act 1991</i> (infectious diseases) | <input type="checkbox"/> |
| Employment in entertainment industry/participation in elite sporting event for short periods of time i.e. for one or two days, and at short notice | <input type="checkbox"/> |

Please provide more detail about the reason for the application for extended leave here:

NOTE: Where the reason for application for extended leave includes long term travel arrangements of more than 20 school days, copies of travel documentation should be included with the application.

Signature of parent/guardian: _____ Date: _____

* If this application is for an **international student**, you must also provide a copy of the student's e-ticket for domestic and/or international travel.