



Application for Extended Leave from School – Travel (Leave between 1 - 9 Days)

FORM A

ST PATRICK'S COLLEGE SUTHERLAND

Information provided in this form will be used in accordance with the College Privacy Policy

DETAILS OF EXTENDED LEAVE APPLICATION					
Student Surname:		Given Name:			
Address:			Post Code:		
Date of Birth:	Roll Class:	Tel. No.:			
Dates of exemption applied for: From: / /		To: / /		No. of school days:	
Reason for Application for Exemption (please tick relevant box):					
Exceptional domestic circumstances				<input type="checkbox"/>	
Other exceptional circumstances				<input type="checkbox"/>	
Employment in entertainment industry/participation in elite sporting event				<input type="checkbox"/>	
Please provide details about the reason for the Application for Extended Leave (Attach any relevant documentation to this application, eg correspondence from carnival organisers, travel documents, etc.)					
ASSESSMENT SCHEDULE CHECK - IMPORTANT : Refer to Assessment Handbooks and Calendars on the College Website					
Does the period of leave coincide with a scheduled Assessment Task for the student? <i>Please circle</i> YES or NO					
If YES , please complete section below:					
Subject	Assessment Task	Due/Set Date	Alternative Arrangement	KLA Co-ord. Signature	
PARENT DECLARATION AND SIGNATURE:					
As the parent/guardian of the above mentioned student, I hereby apply for Exemption from Attendance at School, under the Education Act 1990. I understand that, if the exemption is granted:					
<ul style="list-style-type: none"> ▪ I am responsible for the supervision of the student during the Period of Exemption; ▪ the exemption is limited to the period indicated; ▪ the exemption may be cancelled at any time. 					
I declare that the information provided in this Application for an Exemption of Attendance 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 exemption may result in the exemption being revoked.					
Name: _____ Signature: _____ Date: ___ / ___ / ___					
<ul style="list-style-type: none"> • PLEASE FORWARD THIS FORM TO THE COLLEGE OFFICE (STUDENT RECEPTION) FOUR WEEKS IN ADVANCE OF THE REQUESTED LEAVE PERIOD. • STUDENTS WILL LATER BE ISSUED WITH A COPY OF THE SIGNED FORM TO BE RETAINED BY PARENTS DURING THE TERM OF THE LEAVE. 					
OFFICE USE ONLY:		Date lodged at School Office: / /			
Enrolment Registration No:		Administrator's Signature:			
ASSESSMENT TASK ARRANGEMENTS (if applicable)		Year: 10 11 12		APPROVED: YES NO	
DIRECTOR OF STUDIES SIGNATURE:			Date:		
PASTORAL CO-ORDINATOR:		Year: 7 8 9 10 11 12 <i>(please circle where appropriate)</i>			
Application for Leave:		LEAVE APPROVED <input type="checkbox"/>	LEAVE DENIED* <input type="checkbox"/>		
Leave is denied on the following grounds: _____ and will therefore be recorded on the student's attendance record as *UNAPPROVED LEAVE.					
Pastoral Co-ordinator's Signature: _____ Date: _____					
<i>Please return signed form to Student Reception</i>					
Office Use only:					
Student Receptionist: Total leave days taken to date by student			<input type="checkbox"/>	Leave recorded: <input type="checkbox"/>	
Principal's approval required for all Year 11 and Year 12 Leave Applications:				Leave Approved YES / NO	
PRINCIPAL'S SIGNATURE:				Date:	