



# Application for Extended Leave from School – Travel (Leave Between 10 – 100 Days)

**FORM B**

## ST PATRICK'S COLLEGE SUTHERLAND

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

**STUDENT DETAILS**

Surname:		Given Name:	
Address:		Post Code:	
Date of Birth:	Roll Class:	Tel. No.	
<b>OFFICE USE ONLY:</b>		Date lodged at School Office:     /     /	
Enrolment Registration No:		Administrator's Signature:	

**PARENT/GUARDIAN DETAILS**

Surname:	Given Name:
Relationship to Student:	
Mail to address:	

**APPLICATION FOR EXTENDED LEAVE**

Dates of exemption applied for:	From:     /     /	To:     /     /	
Number 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 Exemption**  
(Attach any relevant documentation to this application, eg correspondence from carnival organisers, travel documents, etc.)

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**IMPORTANT INFORMATION**

**SUBMISSION OF FORM**  
A request for exemption from attendance should be submitted to the Principal at least 4 weeks in advance of the proposed leave, except in *exceptional* circumstances (i.e. *at the discretion of the Principal*).

**EXPECTATIONS**  
As outlined in the College Enrolment Form – punctuality and regular attendance at the College and all lessons are essential. Attendance at times prescribed by the College is expected.

**PROCEDURE FOR DECISION**  
A review of a student's attendance record, participation in College events, progress in their studies, and fee account status (where leave for a holiday is involved), will be undertaken by the Principal prior to any decision on the exemption from attendance request.

**ASSESSMENT TASKS**

When the proposed exemption from attendance coincides with assessment task(s) the applicant must adhere to the College Assessment Policy.

**Students must check the Assessment Calendar and record any assessments due during this absence in the table below.**

Students will be advised by the Coordinator regarding possible alternative arrangements.

Subject	Assessment Task	Due/Set Date	Alternative Arrangement	KLA Co-ordinator Signature

There are no assessments due in the period of applied absence - OR

Assessment/s due but alternative arrangements for completion have been made in consultation with the Studies Co-ordinator.

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**DECLARATION / 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:

- 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.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Please return this form to the College Office (Student Reception) four weeks in advance of the requested leave period.***

**PASTORAL CO-ORDINATOR:** Year: 7 8 9 10 11 12 (please circle where appropriate)

Leave Approved: YES / NO PC Co-ord's Signature: \_\_\_\_\_

Comment: \_\_\_\_\_

Date: \_\_\_\_\_

***Please forward form to : Student Receptionist, Administration Office - OR TO  
Director of Studies if Leave request coincides with Assessment Task/s for Years 10, 11 or 12,***

**DIRECTOR OF STUDIES:** Year: 10 11 12 (please circle where appropriate)

Leave Approved: YES / NO Director of Studies Signature: \_\_\_\_\_

Comment: \_\_\_\_\_

Date: \_\_\_\_\_

***Please return signed form to Student Receptionist, Administration Office***

**College Administration Officer:**

Attendance History checked: YES / NO Total of Extended Leave days taken to date in current year:

**PRINCIPAL: Miss E K Denny**

Principal's Signature: \_\_\_\_\_ Leave Approved: YES / NO

Comment: \_\_\_\_\_ Date: \_\_\_\_\_