



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.	
OFFICE USE ONLY:		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.)			

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:

Principal's Signature: _____ Leave Approved: YES / NO

Comment: _____ Date: _____