



### Application for Student Extended Leave or Exemption from Attendance at School

To be completed by parent/carer when 3 or more days of leave OR an Exemption from attendance at school are requested, where possible at least 3 weeks prior to the leave period. Note exemption applications MUST include supporting documentation). Please email completed application to the College Principal for approval via: [smithml@stvincents.nsw.edu.au](mailto:smithml@stvincents.nsw.edu.au)

STUDENT DETAILS							
Student Surname	Student Given Names	DOB	AGE	Year Group	Tutor Group	House	Boarder Y / N
Student Address:							
DATES / REASON FOR LEAVE REQUEST							
Dates of leave applied for (inclusive):	___ / ___ / ___ to ___ / ___ / ___					No. of school days:	
Assessments: Please list assessments/tasks scheduled during leave period	Please note: Leave does not exempt a student from their responsibility to adhere to the College Assessment Policy.						
<input type="checkbox"/> TRAVEL/FAMILY/OTHER Please note details of leave request including why occurring during term time. Please attach relevant travel documentation such as an e ticket or itinerary where possible.	Details:						
<input type="checkbox"/> EXEMPTION Supporting documentation i.e. Selection confirmation/employment contract/medical information <b>MUST</b> be attached to an exemption application.	<input type="checkbox"/> Elite Sports/Arts: accredited arts/sports programs - state, national and international representative participation). Please provide details:						
	<input type="checkbox"/> Employment in Entertainment Industry: Please provide details:						
	<input type="checkbox"/> Exceptional Medical or Domestic Circumstances: Please provide details:						

**PARENT/CARER DETAILS**

As the parent/carer and applicant, I hereby apply for a *Certificate of Extended Leave/Exemption from Attendance at School, under the NSW Education Act 1990* and understand that if the application is accepted: I am responsible for his/her supervision during the period of extended leave/exemption; the accepted period of extended leave/exemption is limited to the period indicated; the accepted period of extended leave/exemption is subject to the conditions listed on the *Certificate of Extended Leave/Exemption*. The period of extended leave will count towards my daughter/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/Exemption* may result in the provided period of extended leave/exemption being cancelled.

**Parent/Carer Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Parent/Carer Signature:** \_\_\_\_\_ **Parent/Carer Contact Number:** \_\_\_\_\_

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

**Privacy statement**

The information provided will be used to process the students' Application for Leave/Exemption during the period indicated. It will only be disclosed for the following purposes: general student administration relating to the education and welfare of the students; communication with students and parents; to ensure the health safety and welfare of students, staff and visitors for the school; state and national reporting purposes; for any other purpose required by law. The information will be stored securely. You may access or correct any personal information by contacting the school. If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the College Principal.

**TO BE COMPLETED BY PRINCIPAL / PRINCIPAL'S DELEGATE**

**I accept this application for:**

**TRAVEL/FAMILY**  
Attendance Register Code: L

**EXEMPTION**  
Attendance Register Code: M

**Provide more details here (if required):**

**Principal: Anne Fry**

**Principal's Delegate: Elizabeth Brooks, Deputy Principal**

**Contact Phone Number: 9368 1611**

**Principal/Principal's Delegate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Certificate of Extended Leave/Exemption to be issued if application approved.