

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.