



St Mary & St Mina's Coptic Orthodox College
"In Whom are hidden all the treasures of Wisdom and Knowledge" (Colossians 2:3)

Application for Extended Leave

NOTE: PARTS A, B and C are to be completed by the student's parent and returned to the Head of College for approval.

PART A: STUDENT DETAILS

Please complete table below with details of all students associated with the period of travel.

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE	Enrolment Register Number (Office Use)

Student address: _____ Postcode: _____

Dates of extended leave applied: From ____ / ____ / ____ to ____ / ____ / ____

Number of school days absent: _____

Reason for travel (including why this travel is occurring during school time): _____

***Relevant travel documentation such as an e-ticket or itinerary must be attached to this application.



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PART B: PREVIOUS EXEMPTIONS/EXTENDED LEAVE - TRAVEL:

Date of prior exemption/extended leave: From ____ / ____ / ____ to ____ / ____ / ____

Number of school days: _____

Certificate of prior Exemption/Extended Leave -Travel attached (Please tick): Yes No

PART C: PARENT DETAILS

Family name: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent and applicant, I hereby apply for a *Certificate of Extended Leave - Travel* and understand my child may be granted a period of extended leave upon acceptance by the Head of College of the reason provided.

I understand that if the application is accepted:

- I am responsible for his/her supervision during the period of extended leave
- The provided period of extended leave is limited to the period indicated.
- The provided period of extended leave is subject to the conditions listed on the *Certificate of Extended Leave – Travel*
- The school is not obliged to provide my child with the worked missed during the leave or extra time before or after the leave period
- The period of extended leave will count towards my child's absence 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 because 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 - Travel* may result in the provided period of extended leave being cancelled.

Signature of parent/s: _____ Date: ____ / ____ / ____



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PART D: TO BE COMPLETED BY THE HEAD OF COLLEGE

I accept this *Application for Extended Leave – Travel* (Please tick one box

Yes No

Please provide more detail here (if required):

Principal Name: _____ Contact Number: _____

Signature: _____ Date: _____

Note: Please complete the Certificate of Extended Leave – Travel if requested leave is approved.

The original Certificate is to be given to the parent, with a copy kept on the student's file.