

This form is to be completed by the student's Parent/Carer and returned to NAC Office at least 2 weeks prior to the start of the requested leave.

PART A: Student Details

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

FAMILY NAME	GIVEN NAME	DOB	AGE	YEAR LEVEL

Student Address:

Postcode:

School name: Nowra Anglican College

PART A: Reason for Travel

Dates of Travel:

From ____ / ____ to: ____ / ____ (inclusive) Number of school days: _____

Please provide more detail about the reason for the application for exemption here:

Relevant travel documentation such as an e-ticket or itinerary (in the case of non-flight bound travel within Australia only) must be attached to this application.



PART A: Parent / Carer Details (Applicant)

FAMILY NAME	GIVEN NAME	PHONE NUMBER	RELATIONSHIP TO STUDENT

Parent/Carer Address (if different from student address):

Postcode: _____

Email Address:

As the parent and applicant, I hereby apply for a Certificate of Extended Leave-Vacation/Travel and understand my child will be granted a period of extended leave upon acceptance by the principal 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-Vacation/Travel
- The period of extended leave will count towards my child'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 - Vacation/Travel may result in the provided period of extended leave being cancelled.

Signature of Parent/Carer: Date:



(please copy this page if more than one student has applied for Extended Leave)

Students are to detail below any assessments that will occur during this absence. In addition, students must consult with the Head of Studies regarding possible alternative arrangements.

Student Name:_____

Year:____

Subject	Assessment Task	Due Date	Alternative Arrangement	Signed by Head of Department	Signed by Head of Studies

The School Assessment Calendar has been checked and we confirm that:

(Please tick appropriate box)

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

In class assessment task(s) due, but alternative completion arrangements made with Head of Studies.

Notice regarding hand in assessment tasks

It is critically important that students identify all NESA (Official RoSA, Preliminary and HSC) Assessment Tasks that are due during the period of leave. Due dates for hand in assessment tasks, remain as stated in the Assessment Booklet. Extenuating circumstances may be considered.

Catch-up of Learning

It is the responsibility of the student to make arrangements with their class teachers to ensure that they are able to catch up on any learning missed.

Student Signature:______ Parent/Caregiver Signature:_____

Parent/Carers: Once you have completed and signed this form, please return this to NAC Office.

Your application will be considered and a response will be sent to you via email.

If approved, a Certificate will be issued and will be available to pick up from NAC Office.

PART C: TO BE COMPLETED BY THE PRINCIPAL

I accept this Application for Extended Leave – Vacation/Travel (Please tick one box □):

Yes 🗌 No 🗌

Dates of extended leave:

From ____ / ___ to: ___ / ___ Number of school days: _____

The Principal has accepted that this leave is necessary or desirable and has granted a period of extended leave for the above dates and above Student(s).

This period of extended leave will count towards your child's absences from school. This is on the condition that the leave is limited to the period indicated, and the Parents/Carers are responsible for the supervision of the above mentioned Student(s) during the period of extended leave.

This exemption is subject to the conditions listed below and that the exemption may be cancelled at any time.

Parents/Carers are advised to carry this Certificate as it may be requested by government officials including Department of Immigration and Border Protection, Police, Home Liaison Officers, etc.

Conditions applicable (if any) to approved period of extended leave:

Name and position of delegate: Mrs Lorrae Sampson, Principal

Signature of delegate: _____ Date: __/__/___

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers

COLLEGE NOTES – To be completed by Attendance Administrator (once approved by Principal)

- Notified Deputys, Head of School. Pastoral Coordinator, Year Coordinator, Class/Homeroom Teacher
- □ Entered into Edumate as absentee reason L School Approved Holiday
- Complete the Certificate of Extended Leave Vacation Travel
- The original certificate is to be given to the Parent/Carer, with a copy kept on the student's file
- Parents/Carers should be advised to carry the Certificate as it may be requested by government officials including Department of Immigration and Border Protection, Police, etc