Extended Leave – Vacation/Travel Application Form

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:				
		Postc	ode:	
School name: Nowra An	glican College			
PART A: Reason for Travel				
Dates of Travel:				
From / / to:	/ / (inclusive)	Number of sch	ool days: _	
Please provide more detail o	about the reason for the applic	ation for exempt	ion 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	t 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:

PART B: Assessment Requirements - To be completed by the Student

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

students n	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
(Please tick There a In class Studies. Notice regal It is critically Tasks that a	re no assessments of assessment task(s) of assessment task(s) of assessment in assess important that studies due during the p	lue in the per due, but alter ssment tasks dents identify eriod of leave	checked and we confirm that: iod of applied absence OR native completion arrangement all NESA (Official RoSA, Prelimir e. Due dates for hand in assess ag circumstances may be consi	nary and HSC) , ment tasks, ren	Assessment
·	_		arrangements with their class to nissed.	eachers to ensi	ure that
Student Sig	nature:	Pa	rent/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

Yes No						
	o 🗌					
Dates o	f exte	nded	leave:			
From	_/	_/	_ to:	_/_	/	Number of school days:
			•			ve is necessary or desirable and has granted ates and above Student(s).
on the c	condition on sible	on tha for th	t the le	ave is	limited	owards your child's absences from school. This it to the period indicated, and the Parents/Carer bove mentioned Student(s) during the period c
This exe			-	the c	ondition	is listed below and that the exemption may be
	includi					ertificate as it may be requested by governmer tion and Border Protection, Police, Home Liaiso
Conditi		nlina	bla <i>(if a</i>	um. A 4		eved period of extended leave:
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Name C	ına po	SITION	or dele	gare:	WLS FOLL	ae Sampson, Principal
Signatu	re of d	elega	te:			Date:/
1						ithout alteration and must be produced other authorised attendance officers
LLEGF NO)TES -	To be	comple	ted by	/ Attenda	ance Administrator (once approved by Principal)
Notified D Entered in	Deputys, nto Edun	Head o	f School. absente	Pastoro e reaso	al Coordin n L – Scho	ance Administrator (once approved by Principal) ator, Year Coordinator, Class/Homeroom Teacher ol Approved Holiday ation Travel
Notified D Entered in Complete The origin	Deputys, nto Edun e the Ce nal certifi	Head on the description of the d	f School. absented of Exten	Pastoro e reaso ded Le en to th	al Coordin In L – Scho ave – Vac ne Parent/I	ator, Year Coordinator, Class/Homeroom Teacher ol Approved Holiday