217-241 Horsley Rd, Horsley Park NSW 2175 Tel: (02) 8818 1300 | email: info@stnarsai.nsw.edu.au www.stnarsai.nsw.edu.au



Note: **PARTS A, B and C** are to be **completed by the student's parent** and returned to their child's school principal.

Part A: Student Details

Please complete table below with details of all students at this school associated with the period of travel. Separate applications are required for each school if siblings do not attend the same school.

Family Name	Given Name	DOB	Age	Grade
Student address:		1	1	
Dates of extended lea Number of school da Reason for travel (inc	eve applied for: From ys: luding why this travel is oc ntation such as an e ticket or itin o this application.	_// ccurring in school t	to / , time):	
Part B: Details of pric	or exemptions/extended le	eave – travel (if ap	plicable)	
Date of prior exempt	ion/extended leave: From _	//	to/	/
Number of school day	ys:			
Copy of Certificate of	Exemption/Extended Leave	e-Travel attached	(Please circle): Ye	s/No
Copy of prior Certific	ation of Exemption/Extende	ed Leave – Travel a	attached (Please ci	ircle): Yes/No



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Part C: Parent Details (Applicant)

Fami	ly name:	Given name:			
Addr	ess:	Postcode:			
Telep	phone number:	Relationship to student:			
		ertificate of Extended Leave - Travel and understand upon acceptance by the principal of the reason			
	ided.	apon acceptance by the principal of the reason			
I unc	derstand 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				
Exte	nded Leave-Travel				
•	The period of extended leave will count toward	ards my child's absences from school			
I declare the information provided in this application is to the best of my knowledge and belief;					
accu	rate and complete. I recognise that should stat	ements in this application later prove to be false or			
misle	eading any decision made as a result of this ap	olication may be reversed. I further recognise that a			
failu	re to comply with any condition set out in the A	Application for Extended Leave- Travel may result in			
the p	provided period of extended leave being cance	lled.			
Signa	ature of parent/s:	Date: / /			