

Extended Leave Notification: Travel/Other Greater Than 10 Days

Form 01

The purpose of this form is for a family to notify the school that the student(s) identified below will be absence from the school for a period greater than 10 days. An absence in this case is recorded as Code A Explained Unjustified Absence and counted accordingly for statistical purposes.

Extended leave during school time for travel, family holidays or other reasons is not considered exemption from attendance and therefore, as a general rule, principals should not approve leave in these situations.

In exceptional circumstances the family may complete an *Attendance Form 02 Application for Approved Extended Leave Travel/Other Greater Than 10 Days* for consideration by the school. In this form the family would explain why an absence for extended leave is in the best educational interest of the student(s) and therefore should be identified as Code L approved leave.

For leave greater than 50 days (10 weeks of a school term) access to distance education or enrolment in another school must be considered.

Section A - Parent/Car	egiver to complete				
School Name					
Please complete the table	e below with details of the	e student (s) a	ssociated wit	h this notifi	cation.
Family Name	Given Name	Date of E	Birth A	ge	Year at School
Address					
Town/City			Postc	ode	
Start Date of Leave		End [ate of Leave		
Number of School Days	Absent				
	7.000011				
Type of Leave					
Travel					
Other (Please specifiy	type of Leave)				
Reason for Leave (including why this leave is occurring during school time).					

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If applicable, please list details of any previous extended leave.

Student Name (s)	Leave Type	Year Leave Taken	Number of School Days

Caregiver Details

Family Name	Given Name	
Address		
Town/City	Postcode	
Mobile Contact Number	Relationship to stude	nt(s)
Email Address		

Parent/Carer Declaration

As the parent/caregiver of the above mentioned student(s), I declare that the information provided above and in any attached documents is to the best of my knowledge and belief, accurate and complete. I understand that I am responsible for supervision of the student(s) during the period of extended leave. I understand that the period of extended leave will count towards the student(s) absences from school and that those absences will be marked as Code A Explained Unjustified Absence.

Signature of Parent/Caregiver	
Date:	

Section B - School Principal to complete and provide copy to parents

acknowledge receipt of this Notification of Extended Leave.
Principal Name:
Principal's Signature:
Date:

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