



**BDC**  
 BISHOP DRUITT COLLEGE  
 COFFS HARBOUR

*Firm  
 Foundations  
 Bright  
 Futures*

111 North Boambee Road  
 PO Box 8004  
 Coffs Harbour NSW 2450  
 Phone (02) 6651 5644  
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 secretary@bdc.nsw.edu.au  
 www.bdc.nsw.edu.au

## Application for Extended Leave – Travel

**NOTE: Parts A, B and C are to be completed by the student’s parent / carer and returned to the Principal.**

### 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

Student address: \_\_\_\_\_

Postcode: \_\_\_\_\_

School name: \_\_\_\_\_

Dates of extended leave applied for: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of school days: \_\_\_\_\_ (Where the period applied for is more than one term parents should consider distance education.)

Reason for travel (including why this travel is occurring in school time): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.





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## PART B: DETAILS OF PRIOR EXEMPTIONS / EXTENDED LEAVE – VACATION / TRAVEL (if applicable)

Date of prior exemption/extended leave: from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of school days: \_\_\_\_\_

Copy of *Certificate of exemption/extended leave – vacation/travel* attached Yes  No  (Please tick )

## PART C: PARENT / CARER DETAILS

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

As the parent / carer and applicant, I hereby apply for a *Certificate of extended leave - 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 – 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 - travel* may result in the provided period of extended leave being cancelled.

Signature of parent / carer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If this *Application for extended leave – travel* is approved a *Certificate of extended leave – travel* will be issued by the Principal.

It is advisable that the *Certificate of extended leave – travel* be carried as it may be requested by government officials, including the Department of Immigration and Border Protection, police, and home school liaison officers.



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**PART D: TO BE COMPLETED BY THE PRINCIPAL**

I accept this *Application for extended leave - vacation/travel*

Yes  No  (Please tick )

Please provide more detail here (if required):

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Principal's name (please print): \_\_\_\_\_ Telephone number: \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Please complete the *Certificate of extended leave – travel* if requested leave is to be approved.**

