



Details of prior extended leave notifications or applications for extended leave

Start date of leave		End date of leave	
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Start date of leave		End date of leave	
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Parent/Caregiver Details

Family name			
Given name			

Street address		Postcode	
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Telephone Number		Relationship to child	
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Declaration / Signature

As the parent/caregiver of the above mentioned student(s), I declare that the information provided in the attached form is to the best of my knowledge and belief, accurate and complete.

I understand that I am responsible for his/her (their) supervision during the period of extended leave.

I understand that the period of extended leave will count towards my child/children's absences from school and that those absences will be marked as code 'A' (Unjustified Leave).

Parent / Caregiver's Signature..... Date.....

**PART B** (School to complete)

Principal's Name.....

Principal's Signature..... Date.....