



TRINITY

ANGLICAN COLLEGE

Albury • Wodonga

Application for Leave - Travel

NOTE: PARTS A, B and C are to be **completed by the student's parents/guardians** and returned to the Principal.

PART A: STUDENT DETAILS

Please complete the table below with details of all children associated with this period of travel.

FAMILY NAME	GIVEN NAME	DOB	AGE	YEAR LEVEL

Student address: _____
_____ Postcode: _____

Dates of leave: First day of leave ____ / ____ / ____ Last day of leave ____ / ____ / ____

Number of school days: _____

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

Relevant travel documentation, such as an e-ticket or itinerary must be attached to this application.

Please Note: Students are welcome to access SEQTA while they are away on leave, however, no special arrangements will be made for homework or lessons missed. Students in Years 10, 11 and 12 need to see Ms Kym Armstrong, Director of Studies, to make provision for any assessments due during the period of leave.

PART B: DETAILS OF PRIOR EXEMPTIONS/ LEAVE (if applicable)

Dates of prior approved leave this year:

From: ___ / ___ / ___ to ___ / ___ / ___

From: ___ / ___ / ___ to ___ / ___ / ___

From: ___ / ___ / ___ to ___ / ___ / ___

Number of school days: _____

PART C: PARENT DETAILS

Family name: _____ Given Name: _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent and applicant, I hereby apply for a *Certificate of Leave - Travel* and understand my child will be granted a period of leave upon acceptance by the Principal of the reason provided.

I understand that if the application is accepted:

- I am responsible for my child/children during the period of leave
- The provided period of leave is limited to the period indicated
- The provided period of leave is subject to the conditions listed on the *Certificate of Leave - Travel*
- The period of leave will count towards my child's/children'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 Leave - Travel* may result in the provided period of leave being cancelled.

Signature of parent/s: _____

Date: ___ / ___ / ___

PART D: TO BE COMPLETED BY THE PRINCIPAL

I accept this *Application for Leave - Travel*

(Please tick one box):

Yes No

Please provide more detail here (if required):

Principal's name: Mr Justin Beckett

Signature of principal: _____

Date: ____ / ____ / ____

Note: Please complete the *Certificate of Leave – Travel*, if requested leave is approved.

The original certificate is to be given to the parent, with a copy kept on each of the students' files.

The parents should be advised to carry the Certificate as it may be requested by government officials including Department of Immigration and Border Protection, Police, Home School Liaison Officers etc.