



Application for Extended Leave

This form must be completed each time a student applies for Extended Leave (a period of three school days or longer) for external reasons.

Student Details

Student Name: _____ Year Level: _____

Start date of Extended Leave: ____ / ____ / ____ Return to school date: ____ / ____ / ____

Number of School Days: _____

Reason For Extended Leave Application (Please tick)

Important Family Matter ☐

Representation (eg: external sporting) ☐

Travel ☐

Other ☐

Please provide further detail about the reason for Extended Leave:

Contact details during Extended Leave period:

Phone: _____ Email: _____

Parent/carer declaration and signature

By completing the form below, I understand that:

- I am responsible for the supervision of my child during the period of Extended Leave.
- The period of Extended Leave will count towards my child's absences from school.
- My child will need to collect all the relevant resources from the respective teachers.
- My child may be required to complete catchup work before leaving or upon return in order to demonstrate a standard, outcome or gain foundational understanding.
- Reports may reflect that my child has not demonstrated particular standards or outcomes.
- Extended absences may put my child's ability to successfully complete a year level or a VCE unit outcome at risk.
- For VCE/VET/VM subjects, absent days may contribute towards a non-satisfactory result in an outcome.

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

Parent Name: _____ Parent Signature: _____

Date: ____ / ____ / ____



Application for Extended Leave

Student Name: _____ Year Level: _____

Instructions:

- Students must contact each of their subject teachers to inform them of the extended leave period and collect any work or assessment required to be completed.
- This form must be signed by each subject teacher.
- The form should then be handed to the relevant Year Level Coordinator/Year Level Learning Leader *14 days prior to departure*.

| Subject | Work to be Completed | Teacher's Signature |
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YLC/YLLL Signature: _____ Date: _____