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| **Application for Extended Leave from School NSW**  **For planned absences of more than 25 days up to 100 days (including part-days) (Code L)** |
| This form applies to students who live in NSW (regardless of where they go to school). Students who live in the ACT should complete the [Application for Extended Leave from School ACT](https://cecg.sharepoint.com/sites/CECGPolicy/Lists/Policies/Attachments/120/Application%20for%20Extended%20Leave%20from%20School%20ACT.docx).  NSW law requires students of mandatory school age to be enrolled at school and attend all days the school is open. Parents are responsible for ensuring the student is enrolled and attends full-time.  Schools consider all leave and attendance issues in line with the [CECG Attendance Policy](https://cecg.sharepoint.com/sites/CECGPolicy/Lists/Policies/Attachments/134/Attendance%20Policy.pdf).  All planned leave (**Code L**) of more than 25 days in a school year require formal approval via this form. The School Principal may approve leave up to 100 days in a school year (leave over 50 days must also be endorsed by the Senior Officer Attendance, School and Family Services: [attendance@cg.catholic.edu.au](mailto:attendance@cg.catholic.edu.au)). Leave over 100 days may be approved by the CECG School and Family Services Area Leader: [attendance@cg.catholic.edu.au](mailto:attendance@cg.catholic.edu.au).  Exemptions from attendance or enrolment (**Code M**) of more than 25 days in a school year require approval via the [Application for Exemption from Attendance or Enrolment NSW](https://cecg.sharepoint.com/sites/CECGPolicy/Lists/Policies/Attachments/121/Application%20for%20Exemption%20from%20Attendance%20or%20Enrolment%20NSW.docx) form.  Under Section 25 of the NSW [*Education Act 1990*](https://www.legislation.nsw.gov.au/view/whole/html/inforce/current/act-1990-008) extended leave may be granted if the Delegate is satisfied the extended leave is in the best interests of the student.  Extended leave can detrimentally affect a student’s learning and possibly limit a student’s school year progression. Families requesting extended leave may need to provide learning plans for their student (schools are not responsible for teaching and learning while students are on leave). Families requiring extended leave of more than 100 days may wish to consider enrolling in home schooling or distance education. |
| **Reasons for Extended Leave (Code L)** |
| Extended Leave may be granted if the principal considers it is in the student’s best interest for:   * Family travel * Domestic necessity such as serious illness of an immediate family member * Attendance at funerals and bereavement leave * Attendance at recognised religious festivals or ceremonial occasions, or * Participation in special events not related to the school |
| **Student’s best interest** |
| The principal will consider whether granting this leave is in the best interests of the student considering the individual needs of the student, including:   * the student’s health * the student’s academic progress * the student’s sense of racial, ethnic, religious or cultural identity * the student’s social development * whether the exemption would benefit the student * any other relevant information |

**PART A: To be completed by Parent/Carer**

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| Student Details | | | |
| Family Name: | | Given Name(s): | |
| Address: | | | |
| Suburb/Town: | | Postcode: | Year Level: |
| Date of Birth: | Age: | Student Registration No: | |

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| School | |
| School Name: | |
| Address: | |
| Phone: | School Principal: |

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| Parent/Carer’s Details | | | | |
| Family Name: | | Given Name(s): | | |
| Address: | | | | |
| Suburb/Town: | | Postcode: | | |
| Relationship to Child: | Mobile: | | Home: | |
| As the parent/carer of the student, I apply for Extended Leave under the [*Education Act 1990*](https://www.legislation.nsw.gov.au/view/whole/html/inforce/current/act-1990-008) *(NSW).* I understand that if the leave is granted I am responsible for the supervision of the student during the period of approved absence  * the approval is limited to the period indicated  the approval is subject to the conditions listed on the ***Certificate of Approved Extended Leave***  * the approval may be cancelled at any time if the principal considers it in the best interest of the student  I declare that the information provided in this Application is 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 ***Certificate*** may result in the approval for leave being revoked. | | | | |
| Signature of Parent: | | | | Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_\_ |
| **Privacy Statement**  The information that you provide will be used to process the student’s Application. It will only be disclosed for the following purposes:   * General student administration relating to the education and welfare of the student * Communication with students and parents * To ensure the health, safety and welfare of students, staff and visitors to the school * State and national reporting purposes * For any other purpose required by law   The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used or disclosed, you should contact the school. | | | | |

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| **Reason for Application** *(please tick relevant box)* |
| **Extended Leave:**  ☐ Family Travel  ☐ Domestic necessity (e.g. serious illness of an immediate family member)  ☐ Attendance at a funeral and/or bereavement leave  ☐ Attendance at a recognised religious festival or ceremonial occasion  ☐ Participation in special events not related to the school Please provide details about the reason for the application (attach separate pages if more space is necessary) ...............................................................................................................................................................  ...............................................................................................................................................................  ...............................................................................................................................................................  ...............................................................................................................................................................  ………………………………………………………………………………………………………………………………………………………… |

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| Timeframe for Absence: Block Leave | |
| Block Leave From: \_\_\_\_/\_\_\_\_ /\_\_\_\_\_\_\_ to \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_ | Number of  School Days: |

OR

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| Timeframe for Absence: Periodic Leave | | |
| Periodic Leave From: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_ to \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_ | | Number of  School Days: |
| Day | Time | Frequency |
| *e.g. Wednesday* | *All Day or 9:00am-12:00pm* | *Each Week* |
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| Details of Prior/Current Extended Leave or Exemptions (if applicable) | | |
| Prior/current leave dates: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_ to \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_ | | Number of  School Days: |
| Prior/current exemption dates: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_ to \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_ | | Number of  School Days: |
| Copy of Certificate/s of Exemption attached | Yes: | No: |

**PART B: (School / Office Use Only)**

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| **Delegate’s Decision and Signature** | |
| **The application for planned extended leave of absence (Code L) is:**  * Granted * Declined   Details…………………………………………………………………………………………………………………………………………………………..….  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………… | |
| Principals Name: | Telephone: |
| Signature of Principal: | Date: **\_\_\_\_\_** /**\_\_\_\_\_ /\_\_\_\_\_\_\_\_** |

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| **School and Family Services Officer Support and Signature (If more than 50 days)** | |
| **The Principal’s decision to grant this planned extended leave of absence (Code L) of more than 50 days in a 12-month period is:**  * Supported * Not Supported   Details…………………………………………………………………………………………………………………………………………………………..….  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………… | |
| Name of Officer: | Telephone: |
| Signature of Officer: | Date: **\_\_\_\_\_** /**\_\_\_\_\_ /\_\_\_\_\_\_\_\_** |

# If the application for extended leave is granted the principal is to:

# complete the ***Certificate of Approved Extended Leave****.*

# provide the ***Certificate*** to the applicant for presentation upon request by an authorised person.

# place a copy of this ***Application*** and the ***Certificate*** in the student’s file.

* Certificate of Approved Extended Leave issued: Date: **\_\_\_\_\_** /**\_\_\_\_\_ /\_\_\_\_\_\_\_\_**
* Application Declined, Letter issued: Date: **\_\_\_\_\_** /**\_\_\_\_\_ /\_\_\_\_\_\_\_\_**

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| Certificate of Approved Extended Leave |
| This Certificate is issued under Section 25 of the NSW [*Education Act 1990*](https://www.legislation.nsw.gov.au/view/whole/html/inforce/current/act-1990-008) without alteration granting the named student extended leave from school. This certificate must be produced when requested by police or other authorised attendance officers. |

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| Student Details | | | | | | | |
| Family Name: | | | | Given Name(s): | | | |
| Address: | | | | | | | |
| Suburb/Town: | | | | Postcode: | | Year Level: | |
| Date of Birth: | Age: | | | Student Registration No: | | | |
| School | | | | | | | |
| School Name: | | | | | | | |
| Address: | | | | | | | |
| Phone: | | | School Principal: | | | | |
| Details of Approved Absence | | | | | | | |
| The student whose details appear above has been granted extended leave from school for the period indicated below: | | | | | | | |
| Timeframe for Absence: Block Leave | | | | | | | |
| Block Leave From: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_ to \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_ | | | | | | | Number of  School Days: |
| Timeframe for Absence: Periodic Leave | | | | | | | |
| Periodic Leave From: **\_\_\_\_\_** /**\_\_\_\_\_ /\_\_\_\_\_\_\_\_** to **\_\_\_\_\_** /**\_\_\_\_\_ /\_\_\_\_\_\_\_\_** | | | | | | | Number of  School Days: |
| Day | | Time | | | | | Frequency |
|  | |  | | | | |  |
| Reason for Extended Leave | | | | | | | |
| Conditions of the Extended Leave (if any) | | | | | | | |
| The parent/carer of the above-mentioned student has been advised that they are responsible for the student’s supervision during the period of leave. The parent/carer:   * understands that the leave is limited to the period indicated, * acknowledges that the leave is subject to the conditions listed, and * understands that the leave may be cancelled at any time if conditions are not met. | | | | | | | |
| **Delegate’s Details and Signature** | | | | | | | |
| Delegate’s Name: | | | | | Telephone: | | |
| Signature of Delegate: | | | | | Date: **\_\_\_\_\_** /**\_\_\_\_\_ /\_\_\_\_\_\_\_\_** | | |