

## Application for Approved Leave (under 10 days)

Parents are encouraged to apply for Approved Leave at least 14 days prior to expected absence.

Upon completion of Part A & Part B if applicable submit to office administration for the Principals consideration.

Administration will respond within 5 days of receiving the application.

- If leave is not granted parents are notified via email with explanation. Parents may appeal directly via email to the Principal who will respond within 2 days to the appeal after further investigation

### To be completed by the Student's parents

#### Part A: Student Details

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ (dd) / \_\_\_\_ (mth) / \_\_\_\_ (year) Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_

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

School Name: **Central Coast Sports College**

Dates of Leave applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of School Days: \_\_\_\_\_

#### Reason for Application:

Please tick: ✓

Extended leave - Travel	
Exceptional circumstances	
Medical	
Participation in elite sporting event including for short periods of time ie: for one or two days, and at short notices	
Family	

Please provide more detail about the reason for the Approved Leave here. If leave relates to travel, include 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):

---

---

---

---

**DETAILS OF PRIOR APPROVED LEAVE (if applicable)**

Date of prior Approved Leave from: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

Number of School Days: \_\_\_\_\_

**PARENT DETAILS**

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

As the parent of the above mentioned student, I hereby apply for a Certificate of Exemption from Attendance at School, under the *Education Act 1990*. I understand that if the exemption is granted:

- I am responsible for his/her supervision during the period of leave
- The leave is limited to the period indicated
- The leave may be cancelled at any time

I declare the information provided in this Application for Approved Leave 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 Approved Leave may result in the leave being revoked.

Signature of Applicant/s: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

**PRIVACY STATEMENT**

Our school is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's Approved Leave from the requirement to enrol at and/or attend school.

It will only be used or 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 purposes 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, or disclosed, you should contact the school.

**Part C: Principal's Recommendation:**

**To be completed by the Principal:**

I recommend that this application for Approved Leave is (please tick ✓)

Granted

Declined

Please provide more detail here (if required):

---



---



---



---

Principal's Name (please print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Principal: . \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_