



John Colet School

APPLICATION FOR EXTENDED LEAVE – VACATION/TRAVEL

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

FAMILY NAME	GIVEN NAME	CLASS

Dates of extended leave applied for: From: ___/___/___ to ___/___/___ Number of school days: _____

Reason for Travel: _____

Parent Details

Family Name _____ Given Name _____

Address: _____ Postcode _____

Telephone Number: _____ Relationship to student _____

As the parent/carer and applicant, I hereby apply for Extended Leave- Vacation/Travel and understand my child will be granted a period of extended leave upon acceptance by the Head of School of the reason provided.

I understand that if the application is accepted:

- The provided period of extended leave is limited to the period indicated.
- The period of extended leave will count towards my child's absences from school.

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

Signature of parent/s: _____ Date: ___/___/___

School Approval Procedure – For Office use only

Teacher

Teacher Name _____ Signature _____ Date _____

Head of School

I accept this Application for Extended Leave – Vacation/Travel YES NO

Head of School _____ Signature _____ Date _____

Family Notified of decision

Notified by (Name) _____ Signature _____ Date _____