



HILLS ADVENTIST COLLEGE

Application for Extended Leave – Vacation/Travel

This application is for 5 days for more and relevant travel documentation such as an e-ticket or itinerary (in the case of the non-flight bound travel within Australia only) must be attached to this application.

NOTE: PART A is to be completed by the student's parent and returned to their child's school principal.

PART A: STUDENT DETAILS

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

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE	SRN

Student address: _____

_____ Postcode: _____

School name: Hills Adventist College _____

Dates of extended leave applied for: From: _____ to _____

Number of school days: _____

Reason for travel: _____

PART A: DETAILS OF PRIOR EXEMPTIONS/ EXTENDED LEAVE – VACATION/ TRAVEL (if applicable)

Date of prior exemption/extended leave: From: _____ to _____

Number of school days: _____

Copy of Certification of Exemption/Extended Leave – Travel attached (Please tick) Yes No

PARENT DETAILS (Applicant)

Family name: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone number: _____ Relationship to student: _____

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

I understand that if the application is accepted:

- I am responsible for his/her supervision during the period of extended leave
- The provided period of extended leave is limited to the period indicated
- The provided period of extended leave is subject to the conditions listed on the *Certificate of Extended Leave-Vacation/ Travel*
- 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. 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 Extended Leave- Vacation/ Travel* may result in the provided period of extended leave being cancelled.

Signature of parent/s: _____

Date: ____ / ____ / ____

PART B: TO BE COMPLETED BY THE PRINCIPAL

I accept this *Application for Extended Leave- Vacation/ Travel*

(Please tick one box

Yes No

Please provide more detail here (if required):

Principal's name (please print): **Mrs Carlie Deppeler** Telephone number: **02 9851 5100**

Signature of principal: _____ Date: ___/___/___

Note: Please complete the Certificate of Extended Leave – Vacation/ Travel if requested leave is to be approved.

Hills Adventist College

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