



MERENDA HILLS

CHRISTIAN COLLEGE

Application for Extended leave | Vacation/Travel

NOTE: PART A and PART C are to be **completed by the student's parent/guardian** and returned to the College Principal.

PART A: Student Details

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

Family name	Given name	Date of birth	Age	Grade

Student Address: _____

_____ Postcode: _____

Date of exemption applying for: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days in total: ____

Reason for travel:

PART B: Details of prior exemptions/extended leave – Vacation Travel (if applicable)

Date of prior exemption applying for: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days in total: ____

Copy of Certificate of Exemption/Extended Leave | Travel attached (Please tick) Yes No

PART C: Parent/Guardian Details

Family name: _____ Given name(s): _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to Student: _____

As the guardian of the above-mentioned student, I hereby apply for a *Certificate of Extended Leave | Travel* and understand my child will be granted a period of extended leave upon acceptance by the principal of the reasons provided.

- 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 *Certificate of Extended Leave | Vacation/Travel* may result in the provided period of extended leave being cancelled.
- I acknowledge that should we choose to remove our child from school, it could detrimentally impact their grades.
- We understand that if this application for leave is denied and we choose to take our child away from school, there may be implications for their learning program which may result in 'N' grades or failed subjects.

Signature of applicant/s: _____

Date: ____ / ____ / ____

PART D: To be completed by the Principal

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

I recommend that this application from attendance at school is (please tick one box

Granted:

Not Granted:

Please provide more details here (as required):

Principal/Delegate's name (please print): _____

College Telephone number: _____

Signature of Principal/Delegate: _____

Date: ____ / ____ / ____

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

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