



Application for Term Time Holiday Leave

NOTE: PART A is to be completed by the Student's Parent/Caregiver 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 Term Time Holiday Leave:

Family Name	Given Name	DOB	Age	Year

Student Address: _____
_____ Postcode: _____

School Name: Inaburra School

Date of Term Time Holiday Leave: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days: _____

Reason for Term Time Holiday Leave: _____

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.

PART A: DETAILS OF PRIOR EXEMPTIONS/ TERM TIME HOLIDAY LEAVE (if applicable)

Date of prior Exemption/Term Time Holiday Leave: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days: _____

Copy of Certificate of Exemption/Term Time Holiday Leave (Please tick) Yes No

PART A: PARENT/CAREGIVER DETAILS (Applicant)

Family Name: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone Number: _____ Relationship to Student: _____

As the Parent/Caregiver and Applicant, I hereby apply for a *Certificate for Term Time Holiday Leave* and understand my child will be granted a period of Term Time Holiday 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 Term Time holiday leave;
- The provided period of Term Time Holiday Leave is limited to the period indicated;
- The provided period of Term Time Holiday Leave is subject to the conditions listed on the *Certificate of Term Time Holiday*; and
- The period of Term Time Holiday 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 Term Time Holiday Leave* may result in the provided period of Term Time Holiday Leave being cancelled.

Signature of Parent/Caregiver: _____ Date: ___/___/___

PART B: TO BE COMPLETED BY THE PRINCIPAL

I accept this *Application for Term Time Holiday Leave*

(Please tick one box

Yes No

Please provide more detail here (if required):

Principal’s Name (please print): _____ Telephone Number: _____

Signature of Principal: _____ Date: ___/___/___

Note: Please complete the Certificate of Term Time Holiday Leave if requested leave is to be approved.