

INABURRA SCHOOL

APPLICATION FOR TERM TIME HOLIDAY LEAVE



PARTS A, B & C TO BE COMPLETED BY THE STUDENT'S PARENT/ CAREGIVER AND RETURNED TO THE PRINCIPAL.

PART A: STUDENT DETAILS

Please complete table below with details of all student/s associated with the period of Term Time Holiday Leave:

Surname	First Name	DOB	Age	Year

Student Address:

Postcode: _____

School Name: **Inaburra School**

Date of Term Time Holiday Leave: From: ___/___/____ To: ___/___/____

Number of school days: _____

Note, if the departure date is within ten school days of application submission, the application will be denied. If you have missed this deadline, please email contactus@inaburra.nsw.edu.au as soon as possible to commence the absence notification procedure.

Reason for Term Time Holiday Leave (including why this leave is occurring in school time):

Documentation attached to Application (*must be supplied for application to be considered*)



Flight e-ticket Itinerary (non-flight bound travel only)

PART B: DETAILS OF PRIOR EXEMPTIONS/ TERM TIME HOLIDAY LEAVE (IF APPLICABLE)

Date of prior Exemption/Term Time Holiday Leave: From: ___/___/____ To: ___/___/____

Number of school days: _____

Copy of any prior Certificate of Exemption/ Term Time Holiday Leave attached: Yes No

PART C: PARENT/ CAREGIVER DETAILS (APPLICANT)

Surname: _____ First Name: _____

Parent/Caregiver address:

Postcode: _____

Contact Phone: _____ Relationship to student: _____

As the Parent/Caregiver, and Applicant, I hereby apply for a *Certificate for Term Time Holiday Leave* and understand that my child/ren 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 my child's 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 Leave* form; and
- The period of Term Time Holiday Leave will count towards my child's absences from school.

Signature of Parent/Caregiver: _____ Date: _____

PART D: PRINCIPAL'S DECISION

PART D: 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): _____ Contact Phone: _____

Signature of Principal: _____ Date: ____/____/____

Note: Please complete the Certificate of Term Time Holiday Leave if requested leave is to be approved. The original certificate will be given to the Parent/Caregiver with a copy kept in the student's file.