



# Catholic Schools Office

Diocese of Broken Bay

Form A2

Certificate

## Certificate for Extended Leave (L) – Travel

The student/s whose details appear below has been granted a period, as indicated, of extended leave from school for the purpose of travel.

Student Details				
Family Name	Given Name	DOB	Age	Grade
Address:				
			Postcode:	

School Details	
School name:	School Telephone No.

Dates extended leave applied for:		
From:	To:	Total number of school days:

Reason for the granting of a period of extended leave:

Conditions applicable to the granted period of extended leave:

It has been explained to the parent/caregiver of the above mentioned student/s that they are responsible for his/her/their supervision during the granted period of extended leave. The parent understands that the period of extended leave is limited to the period indicated and acknowledges that the granted period of extended leave is subject to the conditions listed.

Principal name:

Signature:

Date

**This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers.**