



St Bishoy Coptic Orthodox College
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Student/s Application for Extended Leave

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 leave:

FAMILY NAME	GIVEN NAME	DOB	AGE	GRADE	SRN Office use only

Student address: _____

_____ Postcode: _____

St Bishoy Coptic Orthodox College

Dates of extended leave applied for from: ____/____/____ to ____/____/____

Number of school days: _____

Reason for 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/ EXTENDED LEAVE (if applicable)

Date of prior exemption/extended leave from: ____/____/____ to ____/____/____

Number of school days: _____

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



PARENT DETAILS (Applicant)

Family name: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone number: _____ Relationship to student: _____

e-mail address to which you would like a copy of the Certificate of Extended Leave sent to:

Mother : _____

Father: _____

As the parent and applicant, I hereby apply for a *Certificate of Extended Leave* 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*
- 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 *Student/s Application for Extended Leave* 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*:

(Please tick one box ☐):

Yes No

Please provide more detail here (if required):

Please note it is the parents' responsibility to approach the teacher and ensure that your child/ren have taken work and are up to date with all work once your child/ren have returned.

Principal's name : Mr Michael Atteya

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

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