

Notification of extended absence



CATHOLIC EDUCATION
DIOCESE OF WOLLONGONG

Parent to complete. Use this form for an absence of greater than five school days that is due to one of the following reasons: misadventure or unforeseen event; participation in special events not related to the school; domestic necessity such as serious illness of an immediate family member; attendance at funerals; travel in Australia and overseas; recognised religious festivals or ceremonial occasions.

Part A

Student details

School name:

Student address:

Complete this table with the details of all students who attend this school.

Student name	Date of birth	Age	Year

Details of extended absence

Start date:

Number of school days:

End date:

Reason for extended absence

- Misadventure or unforeseen event
- Participation in special events not related to the school
- Domestic necessity such as serious illness of an immediate family member
- Attendance at funerals
- Travel in Australia and overseas (**complete Part B**)
- Recognised religious festivals or ceremonial occasions

Details of prior exemptions and extended absences *Complete if applicable*

Start date:		Number of school days:
End date:		
Start date:		Number of school days:
End date:		
Start date:		Number of school days:
End date:		
<input type="checkbox"/> Copy of Certificate of Exemption and/or Acknowledgement of Extended Absence attached.		

Parent details (applicant)

Full name:	
Address:	
Contact number:	Relationship to student:

Part B: Travel

Note: generally, an explanation for an extended absence for the purposes of travel is only accepted in exceptional circumstances

Supporting documentation and explanation

<p>Purpose of travel:</p> <p>Reason for travel occurring outside of the school holiday period:</p> <input type="checkbox"/> Travel documentation indicating the intended dates and location(s) of travel attached to this Notification.

Declaration

As the parent of the above-mentioned student(s), I hereby advise and provide explanation for an extended absence for my child(ren) identified in Part A above.

I declare that:

- the information provided in this application is, to the best of my knowledge and belief, accurate and complete.

I understand and agree that:

- I am responsible for the care and supervision of my child(ren) during any period of extended absence.
- This period of extended absence will count towards my child(ren)'s absences from school.
- If my explanation for the extended absence is not accepted by the Principal, the absence of my child(ren) will be recorded as an unjustified absence.
- Should statements in this notification later prove to be false or misleading any decision made as a result of this application may be reversed.

Parent signature

Date

Return notification and any supporting documentation to the Principal.

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