



ST BERNADETTE'S SCHOOL DUNDAS VALLEY

Certificate for Extended Leave - Travel (5 or more days)	C1
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School Name:	
Suburb:	

Family Name	Given Name	Start Date of Leave	End Date of Leave	Total No. of School Days

I accept the Application for Extended Leave – Travel for the above-mentioned student and for the period stated above.

Reason for approving the period of extended leave:

Conditions applicable (if any) to the approved period of extended leave:

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

Principal's Name	Principal's Signature	Date

Please attach the Application for Extended Leave – Travel to this Certificate. The parent/caregiver is to receive the original with a signed copy being retained by the school
