



LEAVE FORM

Leave Forms in by Wednesday PM

Student Fax 9881 3822

WEEKEND OVERNIGHT DAY LEAVE CLOSED WEEKEND

Student('s) name _____

DEPARTURE DETAILS

Departure Day _____ Date _____ Departure Time _____

With who PARENTS BUS (only if arranged by the provider) TRANSWA (Departure time above)
 OTHER PERSON / HOST - Who _____
Contact number of Host _____

Have you contacted the HOST and confirmed this leave arrangement? YES NO

ADD "Other Person / Host" to permanent travel list.

Going Where HOME/ PARENT CARE OTHER - Where _____

PLEASE READ

- Hosts mentioned, must be the responsible adults and be fully aware of any arrangement and must be the person that signs out the student.
- NO midweek leave is permitted. Students must reside at the College without interruption.**

RETURN DETAILS

Return Day: _____ Date: _____ Return Time: _____
With who PARENTS BUS (Football / Chartered) TRANSWA (arrival time above)
 OTHER PERSON - Who _____

I have organized and give permission for my child to take leave from the college as per the leave arrangements stated above and have ensured that if staying with a host, that they are aware of their responsibilities and the College leave rules.

Parents / Guardians name: _____ & Signature: _____ Date _____

OFFICE - Verbal (Phone) details and permission received [] Staff sign _____ Date _____

