

BOARDERS LEAVE REQUEST FORM

Facsimile: (08) 9576 1146
Head of Residential Care mobile: 0457 518155



Email: 8125.resicare@cewa.edu.au

PLEASE NOTE:

- This leave form must be returned to the Head of Residential Care by mail, fax or email, **48 hours before** the day of the leave requested.
- A request for leave may be refused if a disciplinary matter exists.

I request that _____

(Residential Student's Name)

be given permission to leave the College on:

(Day) _____ (Date) _____ (Time) _____

and return to the College on:

(Day) _____ (Date) _____ (Time) _____

(return time is 6.30pm)

During this time he/she will be staying with:

Name: _____

Address: _____

_____ Phone No: _____

Reason for request for leave:

How and with whom is your student travelling? (Detail travel arrangements):

From College: _____

To College: _____

PARENT/GUARDIAN SIGNATURE _____

OFFICE USE ONLY

Head of Residential Care _____

Bus Driver to be notified _____