BOARDERS LEAVE REQUEST FORM

Facsimile: (08) 9576 1146 Head of Residential Care mobile: 0457 518 155



Email: admin@erc.wa.edu.au

PLEASE NOTE:

- > <u>Requests for leave from classes must be approved by the Principal or Deputy Principal.</u>
- This leave form must be returned to the Head of Residential Care by mail, fax or email, no later than the <u>Wednesday</u> before the day of the leave requested.

> A request for leave may be refused if a disciplinary matter exists.

I request that			
	(Residential S	udent's Name)	
be given permission to	leave the College on:		
(Day)	(Date)	(Time)	
and return to the Colle	ege on:		
(Day)	(Date)	(Time)	
		(retu	rn time is 6.30pm)
During this time he/she	e will be staying with:		
Name:			
Address:			
		Phone No:	
Reason for request for	leave:		
•			
	s your student travelling? (Deta		
	,	с ,	
To ERC:			
PARENT/GUARDIAN S	IGNATURE		
,			
OFFICE USE ONLY			
Head of Residential	Care		
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