Hurlstone Agricultural High School

BOARDING SCHOOL LEAVE / TRAVEL FORM

(for all types of leave including Closed Weekends and Term Breaks)

Fax: 9605 6292

Type of Leave (please tick):

☐ Day Leave ☐ Overnight Leave ☐ Regular Leave ***(re-apply each term)***

I give permission for: *Student Name:* of year *Year:*

to go on leave for: *Reason for leave (and if regular leave, provide details):*

from: *Day of Week:* *Date:* *Time:*

to: *Day of Week:* *Date:* *Time:*

The destination is: *Destination: please be specific (eg. Father's home, other location):*

Student's mobile number is: *Mobile Number:*

Student will be travelling with: *Please provide the full name of the student/s your child is travelling with:*

Travel will be by: ☐ Public transport

☐ Private vehicle driven by *Name of driver:*

If leave is overnight, please complete this section

The contact person at the destination is: *Name:*

and the address is: *Address of destination:*

The contact phone number is: *Phone number:*

For ALL Closed Weekends & ALL Term Breaks - (NSW Trains Information)

Date of Travel: To Home: *Date:* Back to School: *Date:*

Please note:
* These bookings must be received by the school 5 weeks prior to travel.
* The school will only make bookings to and from home, all other bookings are the responsibility of parents/carers using your child's Boarder Photo ID Pass number.
* Countrylink bookings made by the school can only be amended up to 2 weeks prior to travel.

Parent Authorisation:

I have discussed all relevant safety issues with my child and give him/her permission to go on leave as indicated. If student is going to the home of another student - I have contacted the other student's parent/guardian and I am aware of planned activities. I have also informed them of any special needs of my child, including medical conditions.

Parent/Guardian name: *Parent/Guardian signature:* *Date:*

Office Use Only:

☐ Leave entered on system _____ *Initial* _____ *Date*

Authorisation:

☐ Day school leave (DP/Principal) _____ *Initial* _____ *Date*

☐ Leave 5 days or greater (Principal) _____ *Initial* _____ *Date*