Farrer Memorial Agricultural High School

APPLICATION FOR APPROVED ACTIVITIES

Student Name: _____ Year: _____

Please list commitments that this student already has. (Specify activity and time committed, eg Soccer – 2 afternoons and Saturday morning)

_____

_____

_____

Proposed Activity: _____

Date / Day of the Week: _____

Start Time: _____ Finish Time: _____

Location: _____

Supervising Adult: _____ Phone: _____

Transport Detail (to activity): _____

_____

Transport back to school: _____

_____

Period of time (eg Winter, Term III): _____

Any other information which may assist the school:

_____

_____

_____

NB: *One activity per form

Parent/Guardian Signature: _____ Phone: _____

Work: _____

Mobile: _____

Date: _____

Please return to Mr Gallagher or Mrs Hoad
Fax 6764 8778