

YEAR 12 LEAVE FORM

STUDENT'S NAME _____

Senior/ Prefect (please circle) Dorm _____ Replacement Prefect Name: _____
Replacement to Print Name & Sign

PERIOD OF LEAVE

First Day ___/___/___ Time _____ am/pm Return Date ___/___/___ Time _____ am/pm

TYPE OF LEAVE (Please tick the appropriate box)

Overnight leave with parents

If bookings are required this application needs to be lodged 4 days before the first day of leave

Overnight leave with another family

An application must be completed by parents and by the host family. 3 days notice is required

Host family details - contact MUST be made with host family before leave is approved

Name _____

Address _____

Contact has been

Phone N°: _____ Mobile: _____ *made with Host Parents*

Change to Leave Weekends and Vacations arrangements

This application must be lodged 14 days before proposed forward travel

REASON FOR LEAVE _____

TRAVEL ARRANGEMENTS

Are bookings or cancellations required?

YES
Forward

Book / Cancel (please circle) **Forward** travel to

by Coach / Train / Plane (please circle)

Return

Book / Cancel (please circle) **Return** travel from

by Coach / Train / Plane (please circle)

Pickup

Is pick up required by Farrer Staff? YES / NO (please circle)

If YES Time _____ am/pm Place _____

NO

travel is to be by private car. Driver's Name: _____

Both ways

One way, other details as above

Please fax or send this application to the school 67648778

NB: BEFORE LEAVE IS APPROVED - Prefects must retrieve Leave Forms, faxed by parents, from the Administration Office and organise a replacement.

Parent/Guardian

Date