

## ST TERESA'S COLLEGE

## – ABERGOWRIE –

## Leave Application

**RESIDENTIAL OFFICE:** 3819 ABERGOWRIE ROAD, ABERGOWRIE 4850 QLD | <u>Phone:</u> (07) 4780 8335 | <u>Fax:</u> (07) 4777 4721

STUDENT'S NAME:	DATE:		
LEAVE REQUESTED BY:			
	DATE	TIME	TRAVEL MODE: Greyhound/Private/ABSTUDY
DEPARTURE:			
ARRIVAL:			
REASON FOR LEAVE:			
WEEKEND LEAVE	EXTENDED	LEAVE	COMPASSIONATE LEAVE
REP SPORT LEAVE	FAMILY LEA	AVE	OTHER
WHO AND WHERE WILL THE STUDENT BE STAYING:			
NAME: RELATIONSHIP TO STUDENT:			
PHONE:			
ADDRESS:			
I,PARENT/GUARDIAN HAVE CONTACTED THE HOST FAMILY (IF APPLICABLE) AND THEY HAVE AGREED TO HOST MY SON ON THE ABOVE DATE(S) AND I UNDERSTAND THAT STUDENTS ON LEAVE ARE OUTSIDE THE DUTY OF CARE OF THE COLLEGE.			
SIGNED:			
THIS FORM MUST BE RETURNED IN FULL BY THE WEDNESDAY PRIOR TO WEEKED OF LEAVE. PLEASE NOTE THIS IS AN APPLICATION ONLY AND DOES NOT GUARANTEE APPROVAL. STUDENTS WILL NOT BE PERMITTED TO TRAVEL OUT OF THE COLLEGE UNLESS LEAVE HAS BEEN APPROVED BY THE HEAD OF BOARDING. ALL DESTINATIONS FOR LEAVE MUST BE ORGANISED BY FAMILIES AT A COST TO THEM – NO CHARGES TO THE COLLEGE.			
TO ARRANGE TRAVEL BETWEEN INGHAM AND THE COLLEGE PLEASE CONTACT:	helloworld HELLO WO Ph: (07) 47		INGHAM TRAVEL Ph: (07) 4776 5666
ADDROVED DV VEGE CE - 2			SION III
APPROVED BY HEAD OF BOA	ARDING SIGN	_	SIGN IN
LEAVE FORM COMPLETED	HOST FAMILY (	CONTACTED	UPDATED IN LEAVE FOLDER
AUTHORISATION CHECKE	TRAVEL CONFI	RMED	FILED