



BOARDER VISITOR LIST

STUDENT FULL NAME:.....

I give the people as indicated below, permission to have contact with my child while they are boarding at Mount St Bernard College. I understand that the people listed below will be permitted to visit my child at the College, but my child will not be allowed to leave the College grounds with them unless a Leave Permission Form has been completed by me and leave has been approved by the Director of Boarding.

PARENT / GUARDIAN

SIGNATURE: **FULL NAME:** **DATE:**

I understand that anyone whose name does not appear on this list will not be allowed to have contact with my child.

| Visitor's Name | Residential Address | Relationship to child | Telephone Numbers |
|----------------|---------------------|-----------------------|---|
| | | | Home Work Mobile..... Email |
| | | | Home Work Mobile Email..... |
| | | | Home Work Mobile Email |
| | | | Home Work Mobile Email |