



Weekend Leave - Boarding Students

1. A Weekend Leave Application Form must be completed and signed by the Parent/Guardian and received by the College by 5pm on the Wednesday prior to the weekend on which leave is required.
2. On request the Weekend Leave Application Forms can be faxed or emailed to the parent/guardian. The forms can then be returned to the College by fax or email :
Fax: 0740962509
Email: residential@msb.qld.edu.au
3. If the person you are requesting your child to stay with is not on the Visitors List, then a Visitors List Form must also be completed.
4. As you can appreciate there are many students in the Residential College who require weekend leave, so it is imperative that the Leave requests are received on time, so that they can be processed in a timely manner.

Below is a sample of a completed Weekend Leave Application Form to help you with the process.

January 2011



Mount St. Bernard College

WEEKEND LEAVE APPLICATION FORM

Student Name: MARY SMITH Year: 9

I/we request that my/our child be given permission for leave on the following days:

Date out: FRI. 17.4.13 Date in: SUN. 19.4.13

Time out: 3.30pm Time in: 5.00pm

Full details are required for departure and return.

Travel details – Departure & Return (if not provided by the college): Picked up in private vehicle - Returning via Trans North Bus

To be collected from the bus/College by: JULIE SMITH
(Full name & phone number of the person collecting your child)

To be returned to the bus/ College by: TRANS NORTH BUS
(Full name & phone number of the person returning your child)

← Both Julie Smith and Ian Taylor must be on the Visitors List.

Contact name, address & phone number of person where your child will spend their leave:

Name: IAN TAYLOR

Address: 77 NOBODY ST. EDMONTON CAIRNS

Phone Number: 1234 5678 or 0417 456 123



Have you contacted the people mentioned above? Yes No (please circle)

**Please note: This Leave Request Form must be submitted to the Residential Office by 5pm the Tuesday prior to leave being requested.
All leave is subject to approval by the Heads of Residence.
Submission of this Leave Application Form does not guarantee the automatic approval of your child's leave.**

Don't forget to sign and print your name and phone number.

Parent/Guardian Signature: [Signature] Date: 13.4.13

Parent /Guardian Name: SAMANTHA DEW Contact phone number: 0428123 456

Residential Office Fax Number: **074096 3250**

Office use only	Date Received: _____	Initial: _____
Leave Approved:	Yes No	Signed: _____
	Date: _____	