



# Mount St. Bernard College

## WEEKEND LEAVE APPLICATION FORM

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Student Mobile: \_\_\_\_\_

I understand I must return before start of school Monday morning.  
If I don't I will not be allowed on weekend leave again this term.

Students Sign: \_\_\_\_\_

*This form will not be sent to parent/guardian without your signature*

### Parent / Guardian Approval

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

Date out: \_\_\_\_\_ Date in: \_\_\_\_\_

Time out: \_\_\_\_\_ Time in: \_\_\_\_\_

Travel details – Departure & Return (if not provided by the college): \_\_\_\_\_

\_\_\_\_\_

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

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

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

***Please note: This completed Leave Request Form must be submitted to the Residential Office by 5pm the Wednesday prior to leave being requested. A late form may result in refusal.***

***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.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

**Residential Office Fax Number: 07 4096 3250**