Boarders Leave Request Form

Facsimile: (08) 9576 1146
Resicare mobiles: Male: 0457 518155 or Female 0457 518152
Email: resicare@cacbindoon.wa.edu.au

Please note:

- Requests for leave from classes must be approved by the Principal or Deputy Principal.
- This leave form must be returned to the Head of Residential Care by mail, fax or email, no later than the Wednesday before the day of the leave requested.
- A request for leave may be refused if a disciplinary matter exists.

I request that ________________________________________________________________
(Residential Student’s Name)
be given permission to leave the College on:

(Day) ____________________ (Date) ________________________ (Time) _____________________________
and return to the College on:

(Day) ____________________ (Date) ________________________ (Time) _____________________________
(return time is 6.30pm)

During this time he/she will be staying with:
Name: ____________________________________________________________________________________
Address: ____________________________________________________________________________________
___________________________________________________________________________________________ Phone No: ________________

Reason for request for leave:
____________________________________________________________________________________________

How and with whom is your student travelling? (Detail travel arrangements):
From CAC: _________________________________________________________________________________
To CAC: ____________________________________________________________________________________

Parent/Guardian Signature ________________________________________________________________

Office Use Only

Principal/Deputy Principal ________________________________________________________________
Head of Residential Care _________________________________________________________________
Bus Driver to be notified _________________________________________________________________