

Homestay Temporary Leave Form

Student Name:	Student ID:	
Homestay Address:		
Dates requested to take Tempora	ary Leave from Homestay:	
Address student will be residing:		
Suburb: _	Pc	ostcode:
Main contact person:		
Main contact number for family r	member at this address:	
Email of main contact person:		
Drivers Licence or Passport No.: _		
F	Please attach a copy of the above p	proof of I.D.
List all people residing at this add	ress:	
Name (Main contact first)	Date of birth	Gender
· ·	a copy of the Working with Childr 8 years of age. A copy of their WV	
Accompanied with this form MUS	ST be the signed Parent Consent L	etter.
	the main contact person, conf rovided is accurate to the best of	
Date:		
Signature of main contact:		

Version: 2.0 | | Document code: SAS-F