



Application for Leave Important Information

1. Overnight leave is granted only at the request of a parent or guardian of the student.
2. Requests for overnight leave are required to be in writing to the Boarding Coordinator. A completed application form can be faxed or emailed. It must arrive no later than 9pm on the Wednesday evening to allow the Boarding Coordinator sufficient time to consider, and process the request.
3. When leaving for overnight leave, students are to go immediately to the care of the nominated responsible adult (Host).
4. If a student is not staying with parents/guardians, it is required that parents/ guardians have made contact with the Host and that both parties are in agreement with the arrangements.
5. If a student is not staying with parents/ guardians, it is required that parents/guardians ensure that St Joseph's House has the name and contact details of the Host and that the Host is aware that this information has been communicated to St Joseph's House.
6. A separate form is required for each leave request.
7. St Joseph's House accepts no liability or responsibility from the time the student leaves the school premises to the time of the direct notification of return. The duty of care during the absence will transfer entirely to the parents/ guardians and/or the nominated, responsible persons.
8. St Joseph's House requires that Hosts be 18 years of age or over.
9. St Joseph's has a policy of not allowing boarders to travel with Red P Plate Drivers
10. Students must return from Weekend Leave by 9pm on the night of return or by 8am Monday morning. Alternatively they may be delivered directly to MacKillop on Monday morning. All of this information should be communicated and approved.

Email address: boarding@mkc.nsw.edu.au

Boarding fax number: 02 6337 2424

WEEKEND/ OVERNIGHT/ OTHER LEAVE APPLICATION (please circle)

For Weekend Leave please return this request to the Boarding Coordinator by Wednesday 9pm.

STUDENT DETAILS			
Student name		Year level	

HOST DETAILS (even if it is parents/guardians)	
Name of Host	
Relationship of student to the Host	
Address of Host Visit	
Contact Phone Number	

TRANSPORT ARRANGEMENTS		
Forward Journey	Who	
	How	
	Day/Time	
Return Journey	Who	
	How	
	Day/Time	

IF YOUR DAUGHTER/WARD IS NOT SPENDING THE LEAVE WITH YOU, PLEASE COMPLETE		
Have you contacted the person (s) with whom your daughter/ ward is staying and advised them that they are being identified to St Joseph's House as the responsible adult (s) for the purposes of this overnight leave?	Yes	No

Are any medications from sick bay required?	Yes	No	Please provide details
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I understand that the safety and well being of my daughter/ward is of the highest priority to St Joseph's House. I acknowledge that the information on this form has been provided so that St Joseph's House can discharge its duty of care in relation to my daughter/ward and that the information provided will be used as considered necessary by St Joseph's House.

Parent /Guardian Signature: _____ Date: _____

Parent /Guardian Name: _____

Boarding House Approval: _____ Date: _____