



# LEAVE FORM

PLEASE EMAIL TO  
[denmark.wacoa.resleave@education.wa.edu.au](mailto:denmark.wacoa.resleave@education.wa.edu.au)

OR FAX TO 9848 2997 by WEDNESDAY 3PM

Name : \_\_\_\_\_ Mobile No : \_\_\_\_\_

Leave requested :  WEEKEND DATE \_\_\_\_\_

SCHOOL DAYS \_\_\_\_\_

## Leave Arrangements

DEPARTURE from College : Travelling with \_\_\_\_\_

Day \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ am/pm

RETURN to College : Travelling with \_\_\_\_\_

Day \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ am/pm

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_

### Destination Details

Destination : \_\_\_\_\_

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

Contact Person : \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to you : \_\_\_\_\_

### **Weekend Farm**

No  Yes Replacement to sign \_\_\_\_\_

### **Residential Duties**

No  Yes Replacement to sign \_\_\_\_\_