



The Kilmore International School

WEEKEND LEAVE

To Gayle Morgan, Boarding Manager

This form is to be faxed to the School each time your son/daughter requests weekend leave from school. The only exceptions to this would be if your son/daughter was staying with the same family each time they had leave. In this case you will need to indicate in the space provided that you agree to your son/daughter only staying with the person named as guardian.

Name of student: _____

Name of parent: _____

Name of guardian: _____

Address of guardian: _____

Telephone number: _____

Gender of guardian: (please circle) Male Female

Relationship (eg. aunt/uncle): _____

Date of leave: _____ Date of return to School: _____

While my child is on leave from the School the above guardian will take full responsibility for him/her. I release the Kilmore International School, its employees and/or agents, jointly or severally from any responsibility relating to any duty of care of my child during the time my child is on leave from the school.

Signature of parent: _____

I wish my son/daughter to only stay with the person named as guardian and I understand that this will only happen as outlined above. I agree that this fax will give permission for one semester.

Signature of parent: _____