

Short Stay Boarding

APPLICATION FORM

Student's Name: _____ Year: _____ House: _____

On what night/s or dates do you require short stay boarding? _____

Please outline the reason for your request.

Are there any special dietary or medical issues, not already on the Medical Form, that we should know about?

If the stay is for personal reasons (eg. overseas trip) please give details of the person/s responsible (guardian) for the student while you are away.

Name: _____

Address: _____

Telephone: _____ (h) _____ (w) _____ (fax)

Email: _____

Relationship to Student: _____

Parent Information

Name: _____

Address: _____

Telephone: _____ (h) _____ (w) _____ (fax)

Email: _____

Signed: _____ Date: _____

OFFICE USE ONLY

Rate: _____ Approved: _____ Date Received: _____ Letter Sent: _____



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