



St Michael's School for Girls Bloemfontein

HOSTEL LEAVE OUT REQUEST FORM

I, (parent / guardian) request for the release of
boarder,in gradeliving
in Edith Agnes / Hildegard..... / Community..... .

I, as parent / guardian , would like to request the following arrangement regarding
the signing out of my child :-

WEEKEND SIGN OUT (Sleep OUT request)

She will be visiting,(name of friend being visited) from(date)
..... (time) and will be returning to hostel on (date) at (time)

Contact details of where she will be is as follow : Address :.....
.....

Contact Name and Telephone OF PERSON signing her in and out:
.....

WEEKEND DAY VISIT / OUTING REQUEST

She will be visiting,(place or name of friend being visited)
from (date) (time) and will returning to hostel at (time)

ANY OTHER SPECIFIC ARRANGEMENTS or PLACES SHE IS PERMITTED TO VISIT INCLUDE:
.....
.....

Parents please note : Parents MUST confirm the arrangements with the parents of the
friends to be visited. Deviations from these arrangements MUST be communicated to the
housemistress on duty. The schools programme and activities may receive preference over
this request. This fax is only a request and final permission can only be given by the
Housemistress. Once the fax has been received and permission granted, the hostel staff
cannot take any responsibility for your child. In addition, should your child leave the school
without the necessary permission i.e. - "bunk" out, the hostel can also not be held liable for
any incidents that may arise.

**ALL FAXES TO BE FORWARDED TO: 051 401 5731 or EMAIL REQUESTS
CAN BE FORWARDED TO: sms@stms.co.za
ALL REQUESTS MUST REACH THE HOSTEL BY NO LATER THAN THURSDAY 17H00 .**

PARENT SIGNATURE :

DATE :

PO BOX 12110, BRANDHOF, 9324
KLERCK AVENUE, BRANDWAG,
BLOEMFONTEIN

TEL: (051) 401 5700, FAX: (051) 401 5703
e-mail: sms@stms.co.za
Web page: <http://www.stms.co.za>

