



# St Michael's School

## HOSTEL LEAVE OUT REQUEST FORM

I, ..... (parent / guardian) request the release of boarder, ..... in Grade ..... living in Hildegarde / Community House. 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 follows:** Address .....

Contact name and telephone number OF PERSON signing her in and out:

### WEEK DAY VISIT / OUTING REQUEST

She will be visiting ..... (place or name of friend being visited) from (date) ..... (time) .....(time) and will be 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 school's 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 hour child leave the school without the necessary permission ie. 'bunk' out, the hostel can also not be held liable for any incidents that may arise.

**All request forms either to be faxed to 051 401 5703 OR e-mailed to [direne@stms.co.za](mailto:direne@stms.co.za)**

**All requests must reach the hostel by NO LATER THAN THURSDAY 17:00.**

PARENT SIGNATURE: .....

Date: .....