



With their parent's or guardian's permission, a student may stay away over night during our courses. The parent or guardian must confirm that their son or daughter is staying in suitable accommodation with a family member or other responsible adult (i.e. a family friend).

Please fill in all of the below fields

Course: _____

Name of Student: _____

Student's Number: _____

Date/s student will be away overnight: _____

Time of return to college: _____

Who will the student be staying with?

Name of contact: _____

Relation of contact to student: _____

Where will the student be staying?

Address: _____

City: _____

Postcode: _____

Tel: _____

I, the parent/guardian of this student, give permission for him/her to stay away from college overnight on the dates specified above. I understand that he/she will not be considered to be in the care of OSC for the duration of his/her stay outside college.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____

Telephone No: _____

Email Address: _____