



Hostel Parental Approval and Permission Form

Student Name:			
Parent (Caregiver):			
Address:			
Home Tel:		Work Tel:	
Mobile Tel:			
Email Address:			

Permission to Leave the Hostel Grounds Unsupervised. (Town Leave)

I give permission for my Son/Daughter to leave the hostel grounds unsupervised in order to conduct private business in public, commercial, professional and retail areas of the township of Alexandra.

At any time
 Once per week
 Never

Approval to Visit Private Residences. (Friends and Relatives)

I give permission for my Son/Daughter to visit the following friends or relatives at their private residences. This may include leave from the hostel for dinner and prep. I give permission for the person listed (or parent of person listed if they are under 25 yrs of age) to transport my son/daughter in a motor vehicle to and from the address listed or for my son/daughter to use the school bus service to reach the residence concerned.

Name	Address	Telephone	Relationship

Permission to attend regular work, practices and after school events.

I give permission for my son daughter to attend the following regularly scheduled activities:

Activity	Details (include transport arrangements)

Transport Arrangements to/from the Hostel.

My Son/daughter will normally be travelling to or from the hostel each week/term in the following way:

The following other arrangements maybe made from time to time:

Use of Motor Vehicles

My Son/Daughter has permission to drive a private motor vehicle supplied by us:

To/From the hostel each week.

and

No where else.

or

To any other organised events when distance or practicality make this appropriate.

or

To the following list of activities and no others.

List:

Other conditions:

Vehicle Registration Number		Vehicle Make and Colour	
Driver's Licence Type		Drivers Licence Number	

Other passengers from *this family* who may be carried in this vehicle as described above:

Photo/Media Release

From time to time during the year photographs are taken for use in promoting and publicising DHS hostel. In signing this form I agree to the fair use of my son's/daughter's image by DHS Hostel for the promotion of its facilities and programmes.

Approval Confirmation

I have carefully read and considered each section of this form and give my approval for my son/daughter to carry out the actions and activities described above.

Parent's Name:	Signature:	Date:

Office Use:	Loaded:	D/L sighted:	Approved:
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