



# Geraldton Residential College - Student Host Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

The host's listed below can be nominated to take my child on leave **without** parental permission. In doing so they accept full Duty of Care. Please indicate whether the nominated host has permission to sign your child out for day leave only or overnight leave.

Name	Relationship	Address	Contact Number	Day Leave only	O/Night Leave
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Parent Name: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (correct in REACH)