



Short Stay Program Application 2018

Short Stay runs from 1 day to 25 days.

A copy of the student's medical form and details should be attached to this form.

STUDENT DETAILS:

Student's Name: _____

Date of Birth: _____ Year Level: _____

Gender: _____ Citizenship: _____

English Ability: _____

SCHOOL DATES:

Start Date: _____ Finish Date: _____

Number of school days: _____ Year Level Entry: _____

White Rock Senior Y / N

White Rock Junior Y / N

Kewarra Beach Junior Y/N

HOMESTAY (Only fill in if you require homestay)

Arrival Date: _____ Flight Number: _____

Departure Date: _____ Flight Number: _____

Number of nights in homestay? _____

CONTACT DETAILS: (please write in English)

Parent or Guardian's Name: _____

Relationship to student: _____

Home Address: _____

Telephone Number: _____ Mobile Number: _____

Work Number: _____ Email Address: _____

ACCEPTANCE OF CONDITIONS:

1) I/We apply for a Short Stay placement for my/our child at Trinity Anglican School Ltd and agree to be solely and jointly responsible for the payment of all fees and charges with all signatories to this Application.

2) I/We give permission for the School to use images or film of my/our child, together with the publication of their name, in any School publication, including the internet, as well as the media.

3) I/We give permission to any reasonable request by the Principal for a medical examination of my child to be undertaken in cases where this is necessary to ensure their good health and safety.

4) I/We understand that any personal property on the school premises may be searched at the request of the Principal.

Signature of Parent or Guardian: _____ Date: _____

(relationship to student): _____