

The Manager
Albany Residential College
ALBANY WA 6330

Fax: 98421604

Dear Sir,

I the parent / guardian of
(Students name in full)

hereby give my permission for to:

- Day Visit
- Overnight stay
- Travel with

..... of
(Name of host in full) (Address of host)

contact phone number
(Host)

My son / daughter will be picked up from the hostel at am/pm on
(time) (date)

and returned at Am/pm on
(time) (date)

Yours sincerely

.....
(Parent /guardian to sign)