



OVERNIGHT LEAVE NOTICE

To: NORTHAM RESIDENTIAL COLLEGE

Fax: 9622 5860

Date: _____

PARENT NAME (Print): _____

STUDENT NAME (Print): _____

Permission Granted (Details)

Contact Phone No: _____

Date of Return to college: _____

Parent Signature: _____

- Include where the student is going, who is collecting them, the day and time of their return and a contact phone number.
- Students are not permitted to leave the College premises with 'P' Plate driver, without parents written permission in advance, unless they are a family member over 18 years of age.