



LEAVE REQUEST FORM

NAME <input style="width: 100%;" type="text"/>	Boarding House: Fax: 03 684 2264 Phone: 03 684 2251 Email: boarding.manager@craighead.school.nz OFFICE USE ONLY
DEPARTURE Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/>	
RETURN Date: <input style="width: 100px;" type="text"/> Time: <input style="width: 100px;" type="text"/>	
DESTINATION <input style="width: 100%;" type="text"/>	
PARENT/CAREGIVER SIGNATURE	

TYPE OF LEAVE [please tick]

TERM WEEKEND OVERNIGHT HOME HOST

Signed forms must reach Craighead by the Wednesday preceding leave – unless you are collecting your daughter from Craighead – in which case leave information may be phoned in by Wednesday lunch time and the form signed when you collect your daughter on Friday. Any changes to Term leave may be emailed or phoned in.

TRAVEL ARRANGEMENTS Time from Craighead Taxi <input type="checkbox"/> Private Car <input type="checkbox"/> Bus <input type="checkbox"/> <input type="checkbox"/> Booking made Yes/No	Further Instructions	Time to Craighead Taxi <input type="checkbox"/> Private Car <input type="checkbox"/> Bus <input type="checkbox"/> <input type="checkbox"/> Booking made Yes/No
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HOST: Please complete and return to Craighead by the Wednesday preceding leave

I wish to invite to stay with us from to

At

My travel arrangements are:

From Craighead To Craighead

Signed Name