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| **NAME****Date: Time:****DEPARTURE****Date: Time:****RETURN****DESTINATION****PARENT/CAREGIVER SIGNATURE** | **Boarding House:**Fax: 03 684 2264Phone: 03 684 2251Email: boarding.manager@craighead.school.nzOFFICE USE ONLY |
|  |  |
| **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 CraigheadTaxi Private CarBusBooking made Yes/No | Further Instructions  | Time to CraigheadTaxi Private CarBusBooking made Yes/No |
| **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 ……………………………………..………………………… |

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**LEAVE REQUEST FORM**