UNSW College

Under 18 Student End of Year Holiday Plan

Please email this form directly to under18@unswcollege.edu.au

This form must be submitted together with relevant supporting documentation to confirm with the College your plans for the upcoming End of Year College Shutdown.

SECTION 1: STUDENT DETAILS *(Please use CAPITAL letters)*

Student ID Number	Family Name	Given Name

Course	Phone Number	Email

MY END OF YEAR HOLIDAY PLAN IS TO *(Please tick one option)*:

☐ Stay in Sydney in my approved accommodation. **Please complete Section 4.**

☐ Stay with my parent or approved relative who is visiting Sydney. **Please complete Section 2 and 4.**

☐ Return to my home country. **Please complete Section 3 and 4.**

SECTION 2: STAYING WITH MY PARENT OR APPROVED RELATIVE WHO IS VISITING SYDNEY

Who will be the supervising adult?

☐ Parent/Legal Guardian

☐ Grandparent

☐ Brother or Sister (Must be over 21)

Family Name	Date of Birth (dd/mm/yyyy)

Email	Australian Phone Number	Relationship to Student

Attachments Required:

☐ Supervising adult's photoID (Passport or driver's licence).

☐ A copy of their visa and flight tickets to and from Sydney.

Start Date of Your Stay with Parent/Relative (dd/mm/yyyy)	Date of Return to Approved Accommodation (dd/mm/yyyy)

UNSW College
Building L5, UNSW Sydney Campus, 223 Anzac Parade, Kensington NSW 2033 Australia
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SECTION 3: RETURNING TO HOME COUNTRY

Complete flight details AND provide a copy of all flight tickets:

Departure Date (dd/mm/yyyy)	Flight Number	Destination	eTicket Attached?
			☐ Yes

Date Arriving Back in Sydney (dd/mm/yyyy)	Flight Number	eTicket Attached?
		☐ Yes

SECTION 4: STUDENT AND PARENT DECLARATION

Student:

1. I certify that all information I have given on this form, including supporting documents (if required), is true and correct.
2. I understand that if I have chosen to stay in Sydney in my Approved Accommodation, I must follow all Under 18 Student Rules.
3. I understand that if I have chosen to stay with parents or relatives, or travel home, I must return to my Under18 approved accommodation by 10pm on the return date.

Parent:

I confirm that the nominated supervising adult as listed in this form (if applicable) will be fully responsible for my child's welfare and accommodation during the nominated leave period.

STUDENT

Student Name	Signature	Date (dd/mm/yyyy)

PARENT

Parent/Legal Guardian Name	Phone Number	Email Address

Signature	Date (dd/mm/yyyy)

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