

Student ID Number

Course

## Under 18 Student End of Year Holiday Plan

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

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

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.

Given Name

Email

Family Name

**Phone Number** 

| MY END OF YEAR HOLIDAY PLAN IS TO                         | (Please tick one option)      | ) <b>:</b>  |                         |  |
|---|-------------------------------|---|-------------------------|--|
| Stay in Sydney in my approved accom                       | nmodation. <b>Please comp</b> | olete Section 4.                                      |                         |  |
| Stay with my parent or approved relat                     | ive who is visiting Sydne     | ey. Please complete                                   | Section 2 and 4.        |  |
| Return to my home country. Please co                      | omplete Section 3 and 4       | l.  |                         |  |
|   |                               |   |                         |  |
|   |                               |   |                         |  |
| SECTION 2: STAYING WITH MY PARENT                         | FOR APPROVED RELATI           | IVE WHO IS VISITIN                                    | NG 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)    |   |                         |  |
| Turning Harrie  |                               | ate of Direct (day, min, yy                           | <i>m</i>                |  |
| Email   | Australian Phone Num          | ıber  | Relationship to Student |  |
|   |                               |   |                         |  |
|   |                               |   |                         |  |
| Attachments Required:                                     |                               |   |                         |  |
| Supervising adult's photoID (Passport                     | t or driver's licence).       |   |                         |  |
| A copy of their visa and flight tickets t                 | 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

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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 (do  | d/mm/yyyy) Flig                           | ht Number   | eTicket Attached? |  |  |  |
|   |   |             | Yes               |  |  |  |
|   |   |             |                   |  |  |  |
|   |   |             |                   |  |  |  |
| SECTION 4: STUDENT AND PA   | SECTION 4: STUDENT AND PARENT DECLARATION |             |                   |  |  |  |
| Student:  |   |             |                   |  |  |  |
| <ol> <li>I certify that all information I have given on this form, including supporting documents (if required), is true and<br/>correct.</li> </ol>  |   |             |                   |  |  |  |
| <ol> <li>I understand that if I have chosen to stay in Sydney in my Approved Accommodation, I must follow all Under 18<br/>Student Rules.</li> </ol>  |   |             |                   |  |  |  |
| 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  | Signatur                                  | е           | Date (dd/mm/yyyy) |  |  |  |
|   |   |             |                   |  |  |  |
|   |   |             |                   |  |  |  |
| PARENT  |   |             |                   |  |  |  |
| Parent/Legal Guardian Name  | Phone N                                   | umber       | Email Address     |  |  |  |
|   |   |             |                   |  |  |  |
| Signature   | ignature Date (dd/mm/yyyy)                |             |                   |  |  |  |
|   |   |             |                   |  |  |  |
|   |   |             |                   |  |  |  |