

# Under 18 Student Holiday and Temporary Stay Application

Please email this form directly to <u>under18@unswcollege.edu.au</u>

This form must be submitted together with supporting documentation for approval at least 5 business days prior to intended day of

udent ID Number	Family Name	Given Name		
Class	Phone Number	Email		
	VAL TO (Please tick one option): oved Accommodation (within Sydney metro	o area). Please complete <b>Section 1 and 4</b> .		
	ntry under the care of my parents/legal gua	rdian during the official UNSW College holidays.		
Travel in Australia (outs	ide of Sydney metro area). Please complete	e Section 3 and 4.		
Other Arrangement – Please enter details below and we will contact you regarding your request.				
<u> </u>		, , ,		

SECTION 1: STAY OUTSIDE OF APPROVED ACCOMMODATION (WITHIN SYDNEY METRO AREA)						
Who will be the supervising Parent/Legal Guardian Grandparent Brother or Sister (must be		stay? (Please tick one):				
Family Name	Given Name	Date of Birth (dd/mm/yyyy)	Relationship to Student			
Australian Contact Phone N	umber	Email				
Start Date of Temporary Sta	y (dd/mm/yyyy)	Date of Return to Approved	d Accommodation (dd/mm/yyyy)			
Address (where you will be residing during the requested temporary stay period.)						
Attachments Required:						
Supervising adult's photoID (Passport or driver's licence)						
If supervising adult resides outside Sydney, a copy of their visa and flight tickets to <u>and</u> from Sydney.						

## UNSW College



Complete flight details <b>AND</b> provide  Departure Date (dd/mm/yyyy) Fligh  Date arriving back in Sydney (dd/mm/yy	t Number	ts: Destination	eTicket Attached? □ Yes eTicket Attached?			
		Destination	☐ Yes			
Date arriving back in Sydney (dd/mm/yy	yy) Flight Number		= 144			
Date arriving back in Sydney (dd/mm/yy	yy) Flight Number		eTicket Attached?			
			1			
			□ Yes			
SECTION 3: TRAVEL IN AUSTRALIA						
SECTION 5. TRAVEL IN AUSTRALIA						
Who will be the supervising adult	?					
Parent/Legal Guardian						
Grandparent						
Brother or Sister (must be over 21	)					
Family Name	Given Name		Date of Birth (dd/mm/yyyy)			
Email	Australian Phone	Number	Relationship to Student			
Attachments Required:						
Supervising adult's photoID (Pass	port or driver's licence)					
A copy of their visa and flight tick	ets to and from Sydney					
Proposed Date of Departure from Sydney (dd/mm/yyyy)		Proposed Date of R (dd/mm/yyyy)	Proposed Date of Return to Approved Accommodation (dd/mm/yyyy)			
Proposed Address (where you will be staying during the requested travel period)						



## **SECTION 4: STUDENT AND PARENT DECLARATION**

### Student

- I certify that all information I have provided on this form, including supporting documents (if required), is true and 1. correct.
- I understand that 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 will be fully responsible for the student's welfare and accommodation during the nominated leave period.

STUDENT		
Student Name	Signature	Date (dd/mm/yyyy)
PARENT/LEGAL GUARDIAN		
Parent/Legal Guardian Name	Phone Number	Email Address
Signature Date (dd/mm/yyyy)		