

Under 18 Student Holiday and Temporary Stay Application

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

STUDENT DETAILS (Please use CAPITAL letters)

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

Student ID Number	Family Name	Given Name	
Class	Phone Number	Email	
AM REQUESTING APPRO	OVAL TO (Please tick one option):		
Stay outside of my app	roved Accommodation (Within Sydney r	netro area). Please complete Sec	etion 1 and 4.
Return to my home cou Please complete Section	ntry under the care of my parents/legal on 2 and 4 .	guardian during the official UNSV	V College holidays.
Travel in Australia (Outs	side of Sydney metro area). Please com	olete Section 3 and 4	
Other Arrangement – P	lease enter details below and we will co	tact you regarding your request.	
SECTION 1: STAY OUTSID	E OF APPROVED ACCOMMODATION (VITHIN SYDNEY METRO AREA)	
		· ·	
Who will be the supervisir	E OF APPROVED ACCOMMODATION (Ving adult during temporary stay? (Please	· ·	
Who will be the supervisir Parent/Legal Guardian		· ·	
Who will be the supervisir Parent/Legal Guardian Grandparent	ng adult during temporary stay? (Please	· ·	
Who will be the supervisir Parent/Legal Guardian	ng adult during temporary stay? (Please be over 21)	tick one):	tionship to Student
Who will be the supervisin Parent/Legal Guardian Grandparent Brother or Sister (Must	ng adult during temporary stay? (Please be over 21)	tick one):	tionship to Student
Who will be the supervising Parent/Legal Guardian Grandparent Brother or Sister (Must Family Name	ng adult during temporary stay? (Please be over 21) Given Name Da	tick one): e of Birth (dd/mm/yyyy) Rela	tionship to Student
Who will be the supervisin Parent/Legal Guardian Grandparent Brother or Sister (Must	ng adult during temporary stay? (Please be over 21) Given Name Da	tick one): e of Birth (dd/mm/yyyy) Rela	tionship to Student
Who will be the supervising Parent/Legal Guardian Grandparent Brother or Sister (Must Family Name	be over 21) Given Name Da Number En	tick one): e of Birth (dd/mm/yyyy) Rela	
Who will be the supervising Parent/Legal Guardian Grandparent Brother or Sister (Must	be over 21) Given Name Da Number En	tick one): e of Birth (dd/mm/yyyy) Rela	
Who will be the supervisir Parent/Legal Guardian Grandparent Brother or Sister (Must family Name Australian Contact Phone	be over 21) Given Name Da Number Em tay (dd/mm/yyyy) Da	tick one): e of Birth (dd/mm/yyyy) Rela	
Who will be the supervisir Parent/Legal Guardian Grandparent Brother or Sister (Must family Name Australian Contact Phone	be over 21) Given Name Da Number En	tick one): e of Birth (dd/mm/yyyy) Rela	
Who will be the supervising Parent/Legal Guardian Grandparent Brother or Sister (Must Family Name Start Date of Temporary Start Date of Temporary Start Date (Where you will be residing Parents of Temporary Start Date of Te	be over 21) Given Name Da Number Em tay (dd/mm/yyyy) Da	tick one): e of Birth (dd/mm/yyyy) Rela	
Who will be the supervising Parent/Legal Guardian Grandparent Brother or Sister (Must Family Name Start Date of Temporary Star	be over 21) Given Name Da Number Entay (dd/mm/yyyy) Da g during the requested temporary stay? (Please	tick one): e of Birth (dd/mm/yyyy) Rela	
/ho will be the supervisir Parent/Legal Guardian Grandparent Brother or Sister (Must amily Name ustralian Contact Phone tart Date of Temporary S ddress (Where you will be residin ttachments Required: Supervising adult's pho	be over 21) Given Name Da Number Em tay (dd/mm/yyyy) Da	tick one): The of Birth (dd/mm/yyyy) Relaction ail The of Return to Approved Accomo	odation (dd/mm/yyyy)

UNSW College

UNSW College

Building L5, UNSW Sydney Campus, 223 Anzac Parade, Kensington NSW 2033 Australia

T: +61 (2), 8936 2222 | W: unswcollege.edu.au

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SECTION 2: RETURNING TO HOME COUNTRY (FLIGHT DETAILS)							
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		nt Number	eTicket Attached?				
			Yes				
	·						
SECTION 3: TRAVEL IN AUSTRALIA							
Who will be the supervising adult? Parent/Legal Guardian							

Parent/Legal Guardian			
Grandparent			
Brother or Sister (Must be over 21)			
Family Name	Given Name		Date of Birth (dd/mm/yyyy)
Email	Australian Phone Nu	mber	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		
Proposed Departure From Sydney		Proposed Date of Re	turn to Approved Accommodation
(dd/mm/yyyy)		(dd/mm/yyyy)	
Proposed Address (Where you will be start	ying during the reques	sted travel period)	

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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.
- 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			
Parent/Legal Guardian Name	Phone Number	Email Address	
Parent/Legal Guardian Name	Phone Number	Email Address	
Parent/Legal Guardian Name Signature	Phone Number	Email Address Date (dd/mm/yyyy)	
	Phone Number		