

VISITING PERMISSIONS



St Hilda's
ANGLICAN SCHOOL FOR GIRLS

STUDENT'S NAME _____ SURNAME _____

DATE OF BIRTH _____

In addition to parent and guardian/local carer access, I request that my daughter be granted leave to the following persons:

FULL NAME _____

ADDRESS _____

PHONE (A/H) _____ PHONE (W) _____

MOBILE _____ EMAIL _____

RELATIONSHIP TO STUDENT (eg. Aunt, Grandparent, Family Friend etc.) _____

FULL NAME _____

ADDRESS _____

PHONE (A/H) _____ PHONE (W) _____

MOBILE _____ EMAIL _____

RELATIONSHIP TO STUDENT (eg. Aunt, Grandparent, Family Friend etc.) _____

FULL NAME _____

ADDRESS _____

PHONE (A/H) _____ PHONE (W) _____

MOBILE _____ EMAIL _____

RELATIONSHIP TO STUDENT (eg. Aunt, Grandparent, Family Friend etc.) _____

FULL NAME _____

ADDRESS _____

PHONE (A/H) _____ PHONE (W) _____

MOBILE _____ EMAIL _____

RELATIONSHIP TO STUDENT (eg. Aunt, Grandparent, Family Friend etc.) _____