



Lindisfarne Anglican Grammar School Sleepover Request Form

(This form needs to be completed and submitted a minimum of 48 hours prior to planned sleepover)

STUDENT DETAILS:

Name: Year level:

Mobile number:

SLEEPOVER INFORMATION:

Date for sleepover:

Address for the sleepover:

Name of parents at sleepover address:.....

Their phone number:

TRANSPORT TO & FROM SLEEPOVER:

How will you get to the sleepover?

How will you get back home?

APPROVAL FROM YOUR HOMESTAY:

Your Homestay's name:

Homestay's phone number:

Homestay's signature:

FOR OFFICE USE ONLY - Staff to complete

Contact with homestay parent for sleepover: Yes No

Contact with student's homestay parent: Yes No

Email sent to both homestay parents re approval/non approval of application: Yes No

Comments:

Approval given: Yes No

If approval not given, reason:.....

APPROVAL GIVEN FOR SLEEPOVER:

..... request for a sleepover at the home of has been approved. Please ensure the date/s for the approved sleepover are adhered to.

Signature:

Date:

Rebecca Wilson - Manager - International Development