



WESTERN AUSTRALIAN  
COLLEGE of AGRICULTURE

*Morawa*

*An Independent Public School*

Principal Dean Carslake

## Weekend Leave Parental Approval Form

Student Name: \_\_\_\_\_

Parent/Care-Giver/Guardian: \_\_\_\_\_

Student leave date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time \_\_\_\_\_am/pm

Student return date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time \_\_\_\_\_am/pm

Reason for absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is student travelling with another student?

**Yes/No** Name of Student: \_\_\_\_\_

Has Student received permission from Parent/Care-Giver/Guardian to travel with other student?

**Yes/No**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_am/pm

Once you have filled in this form please fax or email to the College/Residence.  
Student leave forms must be received  
NO later than 9pm on the Thursday  
prior to the leave weekend.

Fax College: 08 9971 1334  
Fax Residence: 08 9971 1351  
Email: [morawa.ac@education.wa.edu.au](mailto:morawa.ac@education.wa.edu.au)