



Student Leave Request Form

(to be filled 3 – 4 weeks before travel)

Part A: Student Details			
Last Name:		First Name:	
English Name:		AIS Student ID:	
Class:	<input type="checkbox"/> Lower Primary <input type="checkbox"/> Upper Primary <input type="checkbox"/> Middle Years <input type="checkbox"/> AISA Year 10 <input type="checkbox"/> Year 10 EAP (1) <input type="checkbox"/> Year 11 Main <input type="checkbox"/> Year 11 Support <input type="checkbox"/> Year 11 EAP (1) <input type="checkbox"/> Year 11 EAP (2) <input type="checkbox"/> Year 12		
Living Arrangement:	<input type="checkbox"/> Parents/Guardian <input type="checkbox"/> Homestay <input type="checkbox"/> Boarding House		

Part B: Travel Details	
Date of Travel:	
Date of Return:	
Travel Destination:	
Reason for Travel:	
Living Arrangement:	<input type="checkbox"/> Hotel <input type="checkbox"/> Parents/Relative
Address where I am staying:	
Contact Number of where I am staying:	
Name of the Person who is caring for me:	
Contact Number of the Carer:	
Email of the Carer:	
Flight Number:	
Evidence Submitted:	<input type="checkbox"/> Flight Ticket <input type="checkbox"/> Accommodation booking (if applicable) <input type="checkbox"/> Other: _____



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Part C: Parent's Declaration			
I _____ (parent's name) have given permission for _____ (student's name) to travel.			
Parent's Name:		Contact Number:	
Parents's Signature:		Date:	

Part D: Homestay's Declaration			
I _____ (homestay's Name) already aware that my homestay student _____ (student's name) will be travelling to _____ (country) from _____ (departure date, DD/MM/YYYY) to _____ (return date, DD/MM/YYYY).			
Homestay's Name:		Contact Number:	
Homestay's Signature:		Date:	

OFFICE USE ONLY - Completed by the Principal			
Supporting Documents Provided:	<input type="checkbox"/> Flight ticket <input type="checkbox"/> Accommodation Booking (if applicable) <input type="checkbox"/> Homestay Signature <input type="checkbox"/> Parents Permission <input type="checkbox"/> Name of carer at destination (a form of ID provided) <input type="checkbox"/> Address of carer at destination <input type="checkbox"/> Contact number of carer at destination <input type="checkbox"/> Office has checked the number and verified the address		
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Principal's Signature:		Date:	