

Visiting Permission Note

Student's Name:		Year:
Ι		give permission for my child
(Parent/s or Carer/s	Name)	
		to go on leave with the following
(Student's Nar	ne)	
person:		
Address:		
Contact Number/s:		
From : Day:	Date:	Time:
to : Day:	Date:	Time:
My child will travel by:		
car		(Name of Driver)
bus		Specify company and time)
other		(give specific details)
My child will return by:		
car		(Name of Driver)
bus		Specify company and time)
other		(give specific details)
(Parent/s or Carer/s Signature)		Date