

TYPE 2 TRAVEL – LOCAL OVERNIGHT STAY CONSENT FORM FOR INTERNATIONAL STUDENTS

SECTION A TO BE COMPLETED AND SIGNED BY THE STUDENT AND PROVIDED TO THE INTERNATIONAL STUDENT COORDINATOR AT LEAST (x) DAYS PRIOR TO OVERNIGHT STAY. THE INTERNATIONAL STUDENT COORDINATOR MUST VERIFY ARRANGEMENTS WITH THE HOST FAMILY PRIOR TO THE EVENT.

This form applies to overnight stays with another family. Overnight stays during the school term should only be arranged for weekend nights (i.e. Friday and/or Saturday).

SECTION A: STUDENT

Student's Name: _____ Email address: _____

Student's Telephone: _____ Mobile: _____

OVERNIGHT STAY DETAILS

Student's Name: _____ Email address: _____

Student's Telephone: _____ Mobile: _____

Address: _____

Parent Names: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Transport Arrangements: _____

This type of travel will occur on a regular basis. (Give details).

STUDENT VERIFICATION

The information I have provided on this form is complete and accurate:

STUDENT NAME

SIGNATURE

DATE

SECTION B: CONSENT- HOMESTAY PROVIDER

I give permission for my homestay student to stay overnight as per the details specified above. I understand that approval is also required by the International Student Coordinator at school.

HOMESTAY PROVIDER (NAME)

SIGNATURE

DATE

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The Department of Education, Training and the Arts collects and maintains the information requested on this form for the purpose of facilitating the Homestay program. The information on this form will be used by the Department of Education, Training and the Arts ("DETA") for or in connection with the Homestay program. This information may be disclosed to other persons or entities as required or authorised by law.

SECTION C: INTERNATIONAL STUDENT COORDINATOR APPROVAL

WHO WILL SUPERVISE THE STUDENT? (Please provide details)

Name: _____ Relationship to student: _____

Age (if not parent): _____ Blue Card Number (if applicable): _____

Overnight stay arrangements are assessed as appropriate and safe for the student.

The student will be appropriately supervised.

APPROVED

NOT APPROVED

ISC'S NAME

SIGNATURE

DATE
