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Who will the Student be staying with?

Parent/guardian

Other family member/s (e.g. grandparent, older sibling) – please specify _____

Friends of the family

Employer

Name of person responsible for supervising student at accommodation _____

Accommodation address _____ Postcode _____

Telephone: Business Hours _____ After hours _____ Length of stay _____

Travel arrangements to and from the workplace _____

I, _____,

- consent to my child staying at accommodation other than his or her normal place of residence for the purposes of this Arrangement;
- confirm that the accommodation arrangements as outlined above are suitable; and
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