TRAVEL AND ACTIVITIES REQUEST FORM



Privacy Statement

Shafston is collecting the information on this form to assess your request for approval to undertake non-routine travel and activities. The information collected on this form may be provided to your parents, homestay provider, Education Agent. The information will be recorded, used and disclosed for the purposes of the Homestay Manager considering and approving or declining to approve your request. This information may be used for behaviour management and to cancel your enrolment if you provide false or misleading information, or fail to provide relevant information. Your personal information may otherwise be used or disclosed where authorised or required by law.			
How to complete this form			
 Complete Section A: Student details. Complete Section B: Type of travel or activity. Complete Section C,D,E OR F depending on the type of travel or activity selected in Section B. Sign Section I: Parent agreement Give the form to your homestay family and ask them to complete Section H: Homestay Family acknowledgement. Give the form to the Homestay Department, with all required supporting documents attached. 			
Important: • Students must not book travel, accommodation and/or activities until approval has been provided. • Students must not participate in high-risk activities, unless approved by Shafston and your parents/Agent. • You must keep your international student and/or homestay coordinator and homestay family informed of any changes to youremergency contact details.			
Section A: Student details			
Student name: Date of birth:			
Student No.:			
Section B: Type of travel or activity			
 Return to my home country during my course of study with Shafston. Please complete Section D. Stay overnight at a friend's house. Please complete Section E. Travel with parent/legal custodian or other activity. Please complete Section C. Permission from Parents to change the curfew times, go out alone after school and on weekends. Parent(s) please complete Section F. 			
Section C: Travel with parent/legal custodian or Other activity			
Detail of activity (e.g. Travel with parent; water activity; horse riding club)			
Date & time of departure: Date & time of return:			
Will this travel or activity be reoccurring: Yes No If yes, list dates and times:			
Mode/s of transport: Airplane Bus Train Private vehicle (provide driver details):			
Location/s: Please provide address details, including name of accommodation and full street address, if staying overnight.			
Details: Please provide as much detail as possible or attach details (e.g. brochure, activity program, tour itinerary).			
Name of company/organization:(If applicable)			
List friends also participating: (If applicable)			
Name of supervising adult/parent/legal custodian:			
Age of supervising adult: Must be over 21 years old (If applicable)			
Phone number: Email address:			
Blue card number and expiry date (or equivalent): (If applicable)			
Supervisor/parent/legal custodian relationship to student: (If applicable)			
Any other relevant information:			
I have discussed my plans with my parent(s) before submitting this form.			
Section D: Returning to home country			
Date & time of departure: You must attach your flight itinerary			
Date & time of arrival back into Australia: You must attach your flight itinerary			
I will be accompanied on the travel: Yes No			
If yes, name and contact details of person travelling with you:			
If no and you are travelling by airplane, have you been booked as an unaccompanied minor? Yes No			
Please tell us how you will get to and from the airport in Australia and how you will get to and from the airport in your home country.			
(if intending to use public transport, please give details):			
I have followed my school's instructions regarding parent approval and have discussed my plans with my parent before submitting this form.			

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Section E: Overnight stay at a friend's house			
Name of friend:	Name of supervising adult: Must be over 21 years old		
Phone number: Mobile	number: Email address:		
Address of where you are staying:			
Is this an approved Shafston homestay family: Yes No (If Yes, "Section H: Parent Agreement" is not required)			
Blue card number and expiry date (or equivalent): (If applicable)			
Regular overnight stays (provide dates) Date/s:			
One off overnight stay Date:			
Details of overnight stay and travel/activities taking place: Please provide as much detail as possible.			
Section F: Permission from Parents to change the curfe	w times		
I, give permission for my child,, to go out alone in Brisbane after school and on weekends according to the curfew times I have set below. Sunday to Thursday nights: Home by pm Friday/Saturday nights: Home by pm			
Name: Signature:	Email: Date:		
Section G: Student agreement	Duie.		
 I declare that: I have read and understood the privacy notice on this request form; All information provided in this request form is true and accurate to the best of my knowledge. I am aware of activity rules and conditions of entry for my nominated Sport, Leisure and Recreation provider above. 			
Name:	Shafston student ID:		
Signature:	Date:		
Section H: Homestay provider acknowledgement			
I acknowledge that: • the student, named in Section A of this form, who currently lives with me, wishes to participate in the travel or activity stated on this form; and • final approval lies with Shafston College I support this request.			
Name:	Email:		
Signature:	Date:		
Section I: Parent agreement			
 I give permission for my child, named in Section A of this form to travel or participate in the travel or activity stated above; I confirm that I understand: o what is involved in the travel or activity or change to curfew times stated above o the terms and conditions and supporting information regarding (if applicable) and attached all signed documents such as waivers, if required). o my son/daughter has the water skills suitable for this activity (please tick) Yes No No No 			
Name:	Email:		
Signature:	Date:		

Office Use Only		
 I give permission for the student named on this form to travel or participate in the travel or activity stated above. I DO NOT give permission for the student named on this form to travel or participate in the travel or activity stated above. Reason for not granting permission: 		
Name:		
Position:		
Signature:	Date:	