



PLC ARMIDALE

CASUAL BOARDING 2016

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| STUDENT'S NAME: | |
| YEAR: | |
| HOME ADDRESS: | |
| NAME OF PARENT/ GUARDIAN: | |
| HOME PHONE: | |
| WORK PHONE: | |
| MOBILE: | |
| EMERGENCY CONTACT/ NEXT OF KIN: | |
| HOME PHONE: | |
| WORK PHONE: | |
| MOBILE: | |
| ADDRESS: | |

PERIOD OF BOARDING:

| | |
|-------------|--|
| ENTRY TIME: | |
| DATE: | |
| EXIT TIME: | |
| DATE: | |

FURTHER INFORMATION (MEDICAL, SPECIAL REQUIREMENTS, ETC..)

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I/we will transport my/our daughter to and from the Boarding House by car.

YES **NO** (see below for other arrangements)

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| PARENT/GUARDIAN NAME: | |
| PARENT/GUARDIAN SIGNATURE: | |
| DATE: | |



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In alliance with **PLC SYDNEY**

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| OFFICE USE ONLY: | |
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