



## PLC ARMIDALE

# EXTENDED DAY PROGRAM

**PLEASE RETURN THIS FORM TO RECEPTION BY EMAIL ([aa@plcarmidale.nsw.edu.au](mailto:aa@plcarmidale.nsw.edu.au)),  
FAX (02 6770 1797) OR BY HANDING IT IN AT THE RECEPTION DESK.**

I request a place in the Extended Day Program for my :

DAUGHTER / WARD:	
YEAR:	

I have discussed with my daughter/ward the responsible behaviour expected of her while she participates in this programme. She must adhere to all of the Boarding House rules and be respectful of the boarders' living space. I authorise the school to seek medical assistance or to call an ambulance for my child if this is deemed to be necessary. I understand any medication must be handed to the person in charge of the boarding house for safe-keeping and distribution.

My preferences for attendance are:

- Monday (including Boarders' Chapel)
- Tuesday
- Wednesday
- Thursday
- I agree to commit to the above day/s for the duration of Term \_\_ 201\_\_.
- I agree to \$25 per day being charged to my account and agree that this fee will still be charged if I do not provide 24 hours' notice if my daughter/ward will be absent from school and unable to attend the programme.

STUDENT NAME:	
SIGNED:	
DATE:	
PARENT/GUARDIAN NAME:	
SIGNED:	
DATE:	



### PLC ARMIDALE

Crest Road (Locked Bag 5) Armidale NSW 2350

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