

Application for Change of Day to Boarder Status

Students' Name:							
Current Year Level:							
New Status:							
Weekly Boarding student If weekly, please indicate number/nigh	ts: S	М	Т	W	Т	F	S
Full-time Boarding student					·	•	J
First Date of New Status:	_ Proposed d	etails of s	tay: (eg.	for Term	2, 2024)		
This application forms part of the student's original We agree to all the conditions of that enrolment. We agree to pay all boarding fees, to meet all interpayments.				and to disc	charge all	l necessar	у
NB: The signature of the parent/guardian responsi	ble for the pa	yment of fe	es MUST	appear on	this form	า.	
Signature:	(Fath	er/Carer)		Da	te:		
Signature:	(Mo	ther/Care	-)	Da	te:		
Approved by Principal: Yes No Si	ignature:						
Convito: Parent House Head of Boarding Health Centre	Accounts Stu	dent Record	ı				

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