

Extended Leave Form

Type Leave - check
Day ____ Overnight ____

Student (PRINT NAME): _____

Parents' Phones: Home (_____) _____ Work (_____) _____

Extended Leave Plans:

Day / Date Leaving: _____ Time Leaving Campus: _____ approx.

Day / Date Returning: _____ Time Arriving on Campus: _____ approx.

Destination: _____

Name of Family

Relationship

Street Address

City

State

Zip

Home Phone

Work Phone

Other Members of Group: _____

Transportation Information: (check accordingly)

Going:

Returning:

____ Car: _____
Name of Driver

____ Car: _____
Name of Driver

____ Flight Information:

____ Flight Information:

Airline Flight Number Departure Time

Airline Flight Number Arrival Time

How are you getting to the airport?

How are you getting from airport to school?

Have you arranged any school transportation
with Mr. Wilkins?: Yes ____ No ____

Have you arranged any school transportation
with Mr. Wilkins?: Yes ____ No ____

Honor Statement:

On my honor as a Darlington Student, I pledge that I have contacted my parents and the family with whom I am staying and have approval from both parties for the above extended leave plans.

Understanding and Agreement:

I understand I am not to deviate from the above approved leave plans and conditions without advance direct permission from my Head of House. To this condition I fully agree.

Student Signature

Date

For Head of House Only:

Parental Confirmation Received:

Fax _____ Phone _____ E-Mail _____ Face to Face _____ Confirmation Call _____

Host Confirmation Received:

Fax _____ Phone _____ E-Mail _____ Face to Face _____ Confirmation Call _____

School's Approval / Denial - by Head of House

Approved by: _____ Denied by: _____ Date: _____