



Avalon College  
*Geelong Australia*

Ablon Pty Ltd

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CRICOS No. 01803A

# AVALON COLLEGE

## Transfer of Duty of Care Form

This form records the transfer of the legal duty of care from Avalon College to the Parent/Guardian. Avalon College shall not be liable for any injury to a student when students are within the duty of care of Parents/Guardians on exeat, or liable for any accident, damage, loss or irregularity while travelling to home or exeat.

\*Student's Name

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Names

\*Exeat Dates (Day/Month/Year)

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

\*Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

\*Type of Exeat (please tick)

Day       Overnight

\*Method of travel to exeat \_\_\_\_\_

\*Method of travel from exeat \_\_\_\_\_

\*Parent/Guardian signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\*Home Phone \_\_\_\_\_ \*Mobile Phone \_\_\_\_\_

\*Emergency contact \_\_\_\_\_

Exeat applications should be received by **9pm** on the Wednesday night prior to the exeat request date.

Please Fax this form to +61352824773, or email:

[sbhs@avaloncollege.vic.edu.au](mailto:sbhs@avaloncollege.vic.edu.au)