



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.

*All fields must be completed

*Student's Name

Surname

Given Names

*Exeat Dates (Day/Month/Year)

*From / /

*Departure Time from Avalon College

*To / /

*Return time to Avalon College

*Type of Exeat (please tick) Day Overnight

*Who is student staying with

*Relationship to student

*Residential address during exeat period

*Method of travel to exeat: (Car/Train/Specify if Other)

*Method of travel from exeat: (Car/Train/Specify if Other)

*Name of Parent/Guardian

*Home Phone

*Mobile Phone

*Alternative Emergency contact name

* Alternative Emergency contact number

*Parent/Guardian signature

*Date

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:

hob@avaloncollege.vic.edu.au or admin@avaloncollege.vic.edu.au