

Student Details

Student ID

Permit to leave SWTAFE grounds

For VET DSS students attending SWTAFE

Date of Birth

Surname		
Given Names		
Secondary School		
Permit for: *Complete one section only		
Single occasion permis	sion	
Date leave required		
Time required to leave		
Reason for leaving?		
Approximate time of return	OF	Tick if not returning to class
Recurring permission Permitted to leave SWTAFE grounds during class break time/s during the 2025 school year		
Parent/guardian consent		
Name of Parent/Guardian:		
Signature of Parent/Guardian		Date
Received by Name of SWTAFE staff member: Date		
Name of SWIAFE staff member	er:	Date

This permit must be submitted to the SWTAFE prior to beginning of class. The student must report to the SWTAFE teacher on return to class.