

VET Delivered to school students attending SWTAFE 2021



Permit to leave SWTAFE grounds

Date of day requesting to leave: _____

Name of student: _____

Secondary school attending: _____

Time to leave: _____

Estimated time returning to SWTAFE : _____

Reason permit required: _____

Mode of transport to destination: _____

Permit Approved: _____
and Secondary School's signature

Permit Approved: _____
Parental / Guardian Signature

Received by: _____ Date: _____
SWTAFE staff member

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