Sydney International Academy Pty. Ltd t/a Australian Centre of English Level 2, Hyde Park Plaza Hotel, 38 College Street, Darlinghurst, NSW 2010; PO Box 41 Darlinghurst, NSW 1300 Tel: +61(0)2 8959 2717 Email: admin@ace.nsw.edu.au

www.ace.nsw.edu.au

ABN: 17 121 012 940: CRICOS Provider Code: 02871C



Holiday Application Form

Request Da	nte:/	/					
Student	Name						
Student Number				Date of Birth			
Contact	Details (Plea	se put all the co	ontact details)				
Addres	S:						
Email:				Phone (H / M)			
Type of	Visa (Please	Tick) - Student	t	Holiday □ Tou	rist □ Other()	
Current Class:1				cher:			
■Reason:							
 Please note that holiday must be a week basis. (i.e. Monday – Friday) Application MUST be received no later than Thursday if you want holiday from coming Monday. Otherwise holiday will not be granted Original Course Schedule 							
	Start Date	Finish Date	Week(s)		Start Date	Finish Date	Week(s)
1 st Course				1 st Course			
2 nd Course				2 nd Course			
3 rd Course				3 rd Course			
4 th Course				4 th Course			
Student's S	ignature		Date				
Teacher's S	ignature		Date _				
Extended C □ Put a □ Chane	ourse Finish E Comment on S ged Course Fir	Approved Date Student Informa hish Date on stu	ation Sheet (H udent informat	oliday Duratior	n & Date)		

Administration's Signature _____ Date_