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



## **Holiday Application Form**

Request Da	nte:/	/					
Student	Name						
Student Number				Date of Birth			
Contact	<b>Details</b> (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:							
<ul> <li>Please note that holiday must be a week basis. (i.e. Monday – Friday)</li> <li>Application MUST be received no later than Thursday if you want holiday from coming Monday. Otherwise holiday will not be granted</li> <li>Original Course Schedule</li> </ul>							
	Start Date	Finish Date	Week(s)		Start Date	Finish Date	Week(s)
1 <sup>st</sup> Course				1 <sup>st</sup> Course			
2 <sup>nd</sup> Course				2 <sup>nd</sup> Course			
3 <sup>rd</sup> Course				3 <sup>rd</sup> Course			
4 <sup>th</sup> Course				4 <sup>th</sup> 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\_