



Holy Spirit School-Community of Learners

PO Box 40030, CASUARINA, NT 0811 | Phone (08) 89273411 | Fax (08) 89279971 | ABN: 49 758 636 720
Email: admin.holyspirit@nt.catholic.edu.au

COMMUNITY OF LEARNERS – CHANGE OF BOOKING NOTIFICATION

ONE FORM PER CHILD

COL – CONTINUOUS BOOKING (PLEASE TICK)

FAMILY NAME _____ CHILD'S NAME _____				WEEK COMMENCING _____	
	Monday	Tuesday	Wednesday	Thursday	Friday
Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate week (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COL - SPECIFIC DATES ONLY BOOKING

FAMILY NAME _____ CHILD'S NAME _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
Week	/ /	/ /	/ /	/ /	/ /

I understand that:

- Written notification is required at least two weeks in advance.
- If a position is not available for my child on one of my chosen days, he/she will be placed on a waiting list for that day.
- The change will be confirmed in the sign-in-book located in COL.
- My child may not attend on these changed days until I see the change in the sign-in-book.

COL – HOLIDAY NOTIFICATION

FAMILY NAME _____ CHILD'S NAME _____	
Will be on holidays from ____/____/____ to ____/____/____ inclusive.	

I understand that:

- Written notice of holidays is required at least 2 (two) weeks in advance. Regular fees will apply if notice is late or not given
- Holidays may only be taken in a 1 (one) week block or more.
- I will be paying 75% of my regular fees for a maximum of three weeks (per year) and 100% thereafter, in order to keep my child/children's place at the Community of Learners.

COL – TERMINATION NOTIFICATION

FAMILY NAME _____ CHILD'S NAME _____	
Will no longer be requiring care after this date. His/Her last date will be ____/____/____ inclusive.	
Reason for leaving (Optional):	

I understand that:

- Written notification is required at least two weeks in advance.
- If less than 2 (two) weeks' notice is given to Holy Spirit School – Community of Learners, full fees will apply until the two weeks is made up.

Parent Name _____ Parent Signature _____ Date _____

Office Use Only:	Date Received:		Date Entered:	
------------------	----------------	--	---------------	--