



# ST. AUGUSTINE'S COLLEGE

DWEI, DU , P.O. BOX 6068 JOS, PLATEAU STATE

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## EXEAT REQUEST FORM

### PARENT DETAILS/CONTACT

NAME OF PARENT:

PHONE NUMBER(S):

### STUDENT DETAILS

NAME OF STUDENT:

CLASS:

SECTION/ARM:

GENDER:

 M F

### EXEAT DETAILS

PURPOSE OF EXEAT:

DEPARTURE DATE:

DEPARTURE TIME:

RETURNING DATE:

RETURNING TIME:

NAME OF ADULT RESPONSIBLE FOR PICKING UP THE STUDENTS:

SIGNATURE:

&  
DATE

PHONE NO:

**PLEASE NOTE:** 1. *By submitting this exeat you take full responsibility for the student during the exeat until he/she returns to the College.*

2. *Student will not be admitted into the College with food/snacks.*

### OFFICIAL APPROVAL

NAME OF OFFICER:

PHONE NUMBER:

SIGNATURE:

OFFICIAL STAMP