**Permission to Enquire Authorisation**

I (parent name) give permission for a representative from **WILTJA BOARDING** to enquire about ABSTUDY

for (student name). Student DOB: CRN

Signature (parent):

Date:

School contact details

Contact name: **Wiltja Boarding employee**

Address: **111-125 Folland Ave.**

 **Lightsview, SA 5085**

Phone number: **(08) 8359 4620**