

LIFE EDUCATION BOOKING FORM



PLEASE COMPLETE AND RETURN VIA EMAIL TO cplaner@lifeeducation.org.au (FAX 96734215)

For Office Use Only

NCA edm June 2018

Booking is for year 20 ____

No. of Days		No. of Sessions	
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School Name:			
Address:			
Mailing Address:			
Telephone:		Fax:	
Principal:		Email:	
Life Ed Coordinator:		Email:	
Session times	Start of day:	End of recess:	End of lunch: End of school day:

Year	Number of classes participating in Life Education Visit	Total Number of Children for Each Year
Prep/ Pre-School		
Kindergarten		
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		
Year 6		
Composite		
Total number of Special Education Classes:	Will they be integrated for the Life Education visit?	
Anticipated Total number of Classes:	Anticipated School Enrolment for 20__:	

PLEASE INDICATE ANY DATES WHICH WOULD NOT BE CONVENIENT
 For example: Camps, Building works, Pupil free days, Swimming, School productions, Fetes, etc.

DISABILITY ACCESS Does your school require wheelchair ramps?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is there any further information you would like to provide to ensure we meet the needs of your school?

Please sign to authorise your booking

AUTHORISED SIGNATORY

NAME

DATE

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