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| --- | --- | --- | --- |
| **School** |  | | |
| **Address** |  | | |
| **Suburb** |  | **P/code** |  |
| **Contact** |  | | |
| **Phone** |  | **Fax** |  |
| **Email** |  | | |
| **Facilities available** |  | | |
| **Bell times** | **Start: Recess: - Lunch: - Finish:** | | |
| **Preferred day** | **MON TUES FRI** | | |
| **Preferred Term** | **Term 1 Term 2 Term 3 Term 4** | | |
| **Preferred date** | **Option 1: Option 2: Option 3:** | | |

**Participants:** *\*please note where possible it is preferred that clinics are locked in with a minimum 2 classes or more*

|  |  |  |  |
| --- | --- | --- | --- |
| **Year Level** | **Number of classes** | **Number of students** | **Special Requirements** *(e.g students with a disability)* |
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|  | **Total:** | **Total:** |  |