

## Online Form - Community Access Special Education

Activity Name:	Community Access Special Education
Date/Time:	<ul> <li>Thursday 29 February 2024 11:40am - 1:40pm</li> <li>Thursday 14 March 2024 11:40am - 1:40pm</li> <li>Thursday 28 March 2024 11:40am - 1:40pm</li> <li>Thursday 11 April 2024 11:40am - 1:40pm</li> <li>Thursday 9 May 2024 11:40am - 1:40pm</li> <li>Thursday 23 May 2024 11:40am - 1:40pm</li> <li>Thursday 6 June 2024 11:40am - 1:40pm</li> <li>Thursday 20 June 2024 11:40am - 1:40pm</li> <li>Thursday 4 July 2024 11:40am - 1:40pm</li> <li>Thursday 1 August 2024 11:40am - 1:40pm</li> <li>Thursday 15 August 2024 11:40am - 1:40pm</li> <li>Thursday 29 August 2024 11:40am - 1:40pm</li> <li>Thursday 12 September 2024 11:40am - 1:40pm</li> <li>Thursday 26 September 2024 11:40am - 1:40pm</li> <li>Thursday 27 November 2024 11:40am - 1:40pm</li> <li>Thursday 7 November 2024 11:40am - 1:40pm</li> <li>Thursday 21 November 2024 11:40am - 1:40pm</li> <li>Thursday 5 December 2024 11:40am - 1:40pm</li> </ul>
Description:	Special Education students will attend weekly and fortnightly visits to local facilities and businesses including community shopping centers, parks and boardwalks.
Cost:	\$10.00
Venue:	Central Coast local community facilities
Transport:	Coastability Bus
Dress Code:	Full School Uniform.
Due Date:	Thursday 29 February 2024

\* indicates a required field

I have read the above details and give consent for my child, to attend the Community Access Special Education. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I

○ Yes ○ No
Student Name:
Parent/Carer Name: *
Parent/Carer Phone Number: *
Talenty Galer Filone Humber.
Emergency Contact Name: *
Emergency Contact Phone Number: *
Medical Conditions (including any medication required):
Dietary Requirements:
I give permission for my child to be recorded or photographed to promote the event on local and social media:
* Yes
O No
Parent/Carer Signature: *
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Please note: Once you have submitted this consent form, payment can be made via the 'Make Online Payment'
button located on this page.