

## Online Form - Community Access Special Education

Activity Name:	Community Access Special Education
Date/Time:	<ul> <li>Wednesday 13 March 2024 11:40am - 1:40pm</li> <li>Wednesday 27 March 2024 11:40am - 1:40pm</li> <li>Wednesday 10 April 2024 11:40am - 1:40pm</li> <li>Wednesday 8 May 2024 11:40am - 1:40pm</li> <li>Wednesday 22 May 2024 11:40am - 1:40pm</li> <li>Wednesday 5 June 2024 11:40am - 1:40pm</li> <li>Wednesday 19 June 2024 11:40am - 1:40pm</li> <li>Wednesday 3 July 2024 11:40am - 1:40pm</li> <li>Wednesday 31 July 2024 11:40am - 1:40pm</li> <li>Wednesday 14 August 2024 11:40am - 1:40pm</li> <li>Wednesday 28 August 2024 11:40am - 1:40pm</li> <li>Wednesday 11 September 2024 11:40am - 1:40pm</li> <li>Wednesday 25 September 2024 11:40am - 1:40pm</li> <li>Wednesday 23 October 2024 11:40am - 1:40pm</li> <li>Wednesday 6 November 2024 11:40am - 1:40pm</li> <li>Wednesday 20 November 2024 11:40am - 1:40pm</li> <li>Wednesday 4 December 2024 11:40am - 1:40pm</li> <li>Wednesday 4 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 centres, 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 acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and

participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders. *  Yes No
Student Name:
Parent/Carer Name: *
Parent/Carer Phone Number: *
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:
O Yes
○ No
Parent/Carer Signature: *
Please note: Once you have submitted this consent form, payment can be made via the 'Make Online Payment button located on this page.