



## ✈ Online Form - Community Access Special Education

<b>Activity Name:</b>	Community Access Special Education
<b>Date/Time:</b>	<ul style="list-style-type: none"> <li>Monday 4 March 2024 11:40am - 1:40pm</li> <li>Monday 18 March 2024 11:40am - 1:40pm</li> <li>Monday 1 April 2024 11:40am - 1:40pm</li> <li>Monday 29 April 2024 11:40am - 1:40pm</li> <li>Monday 13 May 2024 11:40am - 1:40pm</li> <li>Monday 27 May 2024 11:40am - 1:40pm</li> <li>Monday 10 June 2024 11:40am - 1:40pm</li> <li>Monday 24 June 2024 11:40am - 1:40pm</li> <li>Monday 22 July 2024 11:40am - 1:40pm</li> <li>Monday 5 August 2024 11:40am - 1:40pm</li> <li>Monday 19 August 2024 11:40am - 1:40pm</li> <li>Monday 2 September 2024 11:40am - 1:40pm</li> <li>Monday 16 September 2024 11:40am - 1:40pm</li> <li>Monday 14 October 2024 11:40am - 1:40pm</li> <li>Monday 28 October 2024 11:40am - 1:40pm</li> <li>Monday 11 November 2024 11:40am - 1:40pm</li> <li>Monday 25 November 2024 11:40am - 1:40pm</li> <li>Monday 9 December 2024 11:40am - 1:40pm</li> </ul>
<b>Description:</b>	Special Education students will attend weekly and fortnightly visits to local facilities and businesses including community shopping centres, parks and boardwalks.
<b>Cost:</b>	\$10.00
<b>Venue:</b>	Central Coast local community facilities
<b>Transport:</b>	Coastability Bus
<b>Dress Code:</b>	Full School Uniform.
<b>Due Date:</b>	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: \*

☐ 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.