



**LAKE WINDEMERE**  
B-6 SCHOOL  
*The nature of learning.*

## **Parent/guardian request for the provision of services by a non-Education service provider on preschool or school premises during preschool or school hours**

I/We .....

Request the Minister for Education through the Preschool Director or Principal of **Lake Windemere B-6 School** to allow my/our child/children to receive supports/services provided by a non-Education service provider on the Preschool/School premises during preschool/school hours.

### **CONSENT**

If my/our request is granted, I/we consent to:

Service Provider Company Name:.....

Therapist/s Name: .....

Therapist/s Email Address: .....

Type of Services: .....

To provide services to my/our child/children .....

On **Lake Windemere B-6 School** premises in an area nominated by the preschool/school during preschool/school hours in accordance with my/our child/children’s learning program/plan.

.....  
Parent/Guardian Signature

.....  
Parent/Guardian Signature

Dated .....

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