



SEND BACK FORM

Please send back at least **ONE WEEK** before your visit.

Please confirm or complete the following information

Visit Date:

Program:

Sender:

School:

Mobile phone number of one of the visiting teachers:

Visiting teachers:

No of students attending:

STUDENT DETAILS	First name	Relevant information
Medical conditions: (E.g.: epilepsy, allergies including food, anaphylaxis) Please list student's first name and condition.		
Special Needs: (Type of special need/disability) Please list student's first name and special needs.		
Behavioural Problems: Please list student's first name and any positive behaviours strategies.		
Other information		
Transport (circle)	Car / Bus - If bus, company name and mobile:	