

## SPECIAL NEEDS SCHOOL BOOKING FORM

Name of School: \_\_\_\_\_

Name of Contact Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Yes, I am interested in having the RSPCA to our school but I am unsure when. Please contact me in the month of**

**Yes, I am interested in having the RSPCA to our school.**

**I would like to tentatively book a**

**Primary School Talk**

**High school Workshop**

**On the following date:** \_\_\_\_\_

**Other possible dates are:** \_\_\_\_\_

**Number of students:** \_\_\_\_\_

**Please help our Education Officers provide your students with a valuable and informative lesson by answering the following questions:**

1. **Student's level of ability:** \_\_\_\_\_

2. **Particular needs of class:** \_\_\_\_\_

3. **Will a power-point be useful?** \_\_\_\_\_

4. **What learning stage are the children at?** \_\_\_\_\_

**Please return this form to the address below or fax to (02) 8666 0175.  
Thank you.**