

## **KURRAMBEE SCHOOL**

ABN No. 22 409 754 840

Werrington 2747

Ph: 02 98337400 Fax: 02 9623 1335

**Kurrambee School** 

Lot 11 Werrington Rd,

**Principal: LISA MOFFAT** 

## Written request for Externally funded service providers delivering health, disability and wellbeing services to students

Dear Ms Moffat,	
I would like to request that (Name of Person) from (Company/Organisation) provide the following service, (service) to my child at Kurrambee School.  I give permission for the school to exchange information with the service provider named above.	
Parent	/carer signature date
I unde	rstand that
	the school may not be able to accommodate this request.
	if approved, the service provider must
۷.	a, adhere to requests for working with children check,
	b. provide Currency of Insurances,
	c. provide evidence of child protection training and
	d. sign an Engagement Agreement with the school
	e. participate in a school induction program
3.	the school reserves the right to stop access by a provider for reasons listed on page 3 of Information for parents and carers leaflet.
4.	I am responsible for informing the service provider if my child is absent from
	school on a day that services were to be provided or that if child is involved in
	school related activities which means that the service can not take place that day
	i.e. on an excursion day.
5	I must inform the school when a service is stopped or service providers are
٥.	changed.
6.	I will communicate regularly with the school to review my child's PLP and talk
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7	about how the service is going.
7.	if the school is concerned about the service being delivered to your child, the school will discuss these concerns with you.
Name	of child: Class:
Signat	Doto