



# LETHBRIDGE PARK PUBLIC SCHOOL

A NSW Government P-6 Connected Communities school

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Find us on @LethbridgeParkPS



## **Request for therapy from external providers during school hours at Lethbridge Park Public School**

Dear Mr Sheen,

I would like to request that my child receive the following therapy during school hours:

Child's name:	
Type of therapy:	
Length of session:	
Name of therapist:	
Name of clinic/organisation:	
Contact details:	

Please explain why the therapy needs to be delivered during school hours:

- ☐ I give consent to the following service delivery arrangements  
External Provider: \_\_\_\_\_
- ☐ I give consent for the sharing of information related to the provider's services to the student.
- ☐ I will notify the school if the services of the provider are terminated.
- ☐ I will notify the provider if the student will not be at school on the day the service is scheduled for delivery at school.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's name: \_\_\_\_\_

