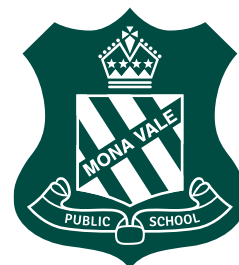




Empowered, enriched and equipped  
good humans and learners for life.



## Parent Request form for On-site therapy

I formally request the approval of on-site therapy for my child \_\_\_\_\_  
Class \_\_\_\_\_ at Mona Vale Public School.

Please note the following details:

- **Therapy requested:** \_\_\_\_\_
- **Frequency:** Once only / Weekly / Fortnightly.
- **Preferred:** Day \_\_\_\_\_ Time \_\_\_\_\_
- **Duration:** \_\_\_\_\_ Minutes
- **Therapist's details:** Name \_\_\_\_\_ Phone: \_\_\_\_\_
- **Therapist's email address:** \_\_\_\_\_
- **Therapist's Company Name:** \_\_\_\_\_
- **Funding:** This service will / will not be funded through my child's NDIS package.

Parent's/Guardian's Full Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy Notice:** *This information is being obtained to assist the learning & support team in providing support for your child. It may, as appropriate be provided to other members of the school staff involved in supporting your child. Provision of this information is voluntary. It will be stored securely.*