

STUDENT PATHWAYS PROGRAM

School Interest Form

SCHOOL INFORMATION			
School name			
Address			
Teacher name		Teacher phone	
Teacher email			
Date			

Our school is interested in participating in	<input type="checkbox"/> Work Experience <input type="checkbox"/> Community Options Experience <input type="checkbox"/> Both areas
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Year level of students		Number of students	
Preferred Orana site		Preferred day	
Preferred start date			

FOR WORK EXPERIENCE ONLY	
Preferred experience structure	<input type="checkbox"/> ____ hrs per day, ____ days per week, for ____ weeks / semester / year (please circle) <input type="checkbox"/> Students will be attending with school supports <input type="checkbox"/> I would like to discuss an individual student attending with Orana once they have settled into the program

SIGNED BY			
Name		Position	
Date		Signature	

I have read and understand Orana School Pathways Program School Resource and the schools responsibilities.

Please return this completed form to intake@orana.asn.au