



SCHOOL REGISTRATION FORM

SCHOOL DETAILS

School Name: _____

Postal Address: _____

Phone: _____ Fax: _____ email: _____

CONTACT TEACHER DETAILS

Please provide details of a teacher who can be contacted regularly by the AWLQ Education Director as well as the Reading Dogs Handler to help with administration of the program. If there is more than one class involved in the program within your school, please provide one central contact.

Teacher Name: _____

Email: _____ Fax: _____

Phone: _____ Mobile: _____

CLASS/STUDENT GROUP DETAILS

Please indicate what type of student group/s you require a Reading Dog for:

- A group of students within one class
- Two or more groups of students within one class
- A group of students within multiple classes
- Two or more groups of students within multiple classes
- A group of students in a special reading program
- Two or more groups of students in a special reading program

Other (please explain): _____

Is there anything that our Reading Dogs Handler should be aware of in regards to working with this group of students (i.e. special learning or behavioural needs/ cultural considerations/ fear of dogs).

PLEASE NOTE: You only need to provide a brief explanation; detailed information about individual students can be provided to the Handler who will be working with this group.

SCHEDULING DETAILS

Please indicate below the times and days you would like a Reading Dog to visit your classroom/s or group/s. Please note that times and days are will still need to be negotiated with the Reading Dogs Handler before confirming your timeslots for the term:

Monday	Tuesday	Wednesday	Thursday	Friday

THANK YOU!

Please return this registration form to the AWLQ Education Division and we will get back to you as soon as possible!

POST:
Education Division, AWL Qld; PO BOX 3253, Helensvale Town Centre, Qld 4212
FAX:
(07) 5509 9002
EMAIL: education@awlqld.com.au