

|                |                              |
|----------------|------------------------------|
| School/Site    | Partnership                  |
| Email          | @schools.sa.edu.au Student/s |
| Contact Person | Telephone Fax                |

Does the student have ICT equipment on loan from SERU?    Y    N  
If so, please describe

Describe the nature of the consultation

Please provide relevant background information that may assist us in planning for the consultation  
(include who will be present).

Preferred date(s) Time required (hours)

**Preferred Venue**

|        |                              |
|--------|------------------------------|
| School | District Education Office    |
| SERU   | Other, <i>please specify</i> |

**Request Verification**

|                   |                        |      |
|-------------------|------------------------|------|
| Name of Principal | Signature of Principal | Date |
|-------------------|------------------------|------|

**Office Use Only**

ICT Request Number

Date Submitted: by:

As a result of (please indicate)

Phone inquiry     Visit to SERU     Email     Referral from