Request for Soundfield System

Date: 

Preschool/School: 

Preschool/School Address: 

Postcode: 

Telephone: 
Fax: 
Courier: 
Email: 

Principal’s/Director’s Delegate:  
(DP, AP, Coordinator, Teacher) 

Name of Child/Student: 
Student ID: 

Parent/Caregiver: 

Home Address: 

Postcode: 
Telephone: 

Age: 
DOB: 
Year Level: 
Level of Support: 

Gender: M F 
NEP Y N 
Aboriginal/Torres Strait Islander? Y N 

Under the Guardianship of the Minister? Y N 

Hearing Impairment: 

Recommending HI Coordinator: 

Accompanying Documentation from HI Coordinator: Y N 

Organisation: 

Equipment Requested: 

Other Relevant Information (this is essential for prompt processing of request): 

________________________________________________________________________ 

________________________________________________________________________ 

________________________________________________________________________ 

________________________________________________________________________ 

Principal/Director 
Principal’s Delegate 

FOR OFFICE USE ONLY 

Manager, SERU 
Responsible Resource Teacher  
Date 

A copy of this and other proformas can be found on the SERU website: web.seru.sa.edu.au