



# APPLICATION FOR A SCHOOL LEARNING SUPPORT OFFICER TO ATTEND AN EXCURSION SCHOOL ADMINISTRATIVE AND SUPPORT STAFF

<b>School</b>	<b>Code</b>					
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## Details of excursion

Period of excursion from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Destination \_\_\_\_\_

Number of disabled students attending excursion \_\_\_\_\_

Disability of students \_\_\_\_\_  
Please attach additional sheets if required

## Approval is sought for the following School Learning Support Officers to attend the above excursion.

Name \_\_\_\_\_ Payroll number \_\_\_\_\_

Name \_\_\_\_\_ Payroll number \_\_\_\_\_

Name \_\_\_\_\_ Payroll number \_\_\_\_\_

Name \_\_\_\_\_ Payroll number \_\_\_\_\_

**Please note** that overtime (for guidelines refer to reference number 83/32141) incurred on this excursion will not be paid unless **prior** approval for the Support Officer to attend is gained and any overtime that is incorrectly incurred will be the responsibility of the school. I certify that the attendance of the School Learning Support Officer is essential to the proper and safe conduct of the excursion.

Signed \_\_\_\_\_ (Principal) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

School fax number \_\_\_\_\_

➔ Fax to Director of Schools \_\_\_\_\_ School Education Area  
Fax number \_\_\_\_\_

## Application approved/declined

Signed \_\_\_\_\_ (School Education Director) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

Approval Number \_\_\_\_\_

➔ Return to school (fax number above)