

ACCESS ALL ABILITIES

Student Information and Goals

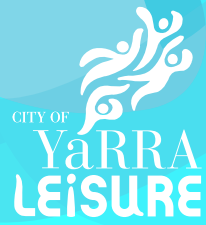


Student Name	
Date of Birth	
Gender	
Responsible Person Name	
Contact Number	
Contact Email	
Have you had any previous swimming experience?	
Medical Considerations that will help the teacher work with the student.	
Other Considerations that will help the teacher work with the student.	
Do you have any helpful hints that will assist the teacher in working with the student best? In what conditions and with what teaching approach does the student learn best?	
What is the student's favourite thing to do!	

Please hand in this completed form at reception or alternatively scan and send to yarraleisure@yarracity.vic.gov.au
Following this a member of the aquatic programs team will contact you with further information.

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What is your favourite colour?	
Do you have a favourite animal?	
What is your favourite food?	
Favourite TV Show or Movie? Do you love a particular character?	
What else? Tell me about you?! Or draw me a picture!	

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