

Location Details

Please complete this form and return to the Program if there is a change in the location details.

1. On what date do you want to change the location?

2. What is the name and address of this location?

THIS LOCATION IS:

- a government school
 a catholic school
 an independent school
 other

3. How many students will be enrolled at this location?

4. How many teachers will be there at this location?

5. How many classrooms will you use?

6. On what date did classes start this year?

7. On what date will classes finish this year?

8. How many weeks per term will classes be held at this new location?

WEEKS IN TERM 1

START DATE

FINISH DATE

WEEKS IN TERM 2

START DATE

FINISH DATE

WEEKS IN TERM 3

START DATE

FINISH DATE

WEEKS IN TERM 4

START DATE

FINISH DATE

9. When will you hold classes?

DAY	TIME	AGE RANGE OF STUDENTS