

## Request for School Chaplaincy Support

*Please complete this form and return to the School Reception.*

**Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Year Level / Room Number:** \_\_\_\_\_

### **Reason for Request**

Please indicate the reason for request, or if confidential, please tick the box below for the school Chaplain to get in contact with you.

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Yes, I give the school Chaplain permission to call me (for confidential requests)

**Name of person making request:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Contact telephone number:** \_\_\_\_\_

Thank you for completing this form. The School Chaplain or SAER Coordinator will contact you regarding your request in order to provide the appropriate level of support for your child.