

Parent/Home Tutor Face-to-Face Visit Request Form



1. Parent/Home Tutor Name:

2. Student's Name

3. Year Level:

4. Contact
Teacher

5. Are you a new enrolment?

Yes (Please go to Question 8)

No

6. If No, Enrolment date with
Cairns School of Distance
Education

7. Have you previously had a face-
to-face visit? If so when?
(approx)

8. Purpose of face-to-face visit.
(What would you like this to
achieve?)

PBL Days

Annual Camp

Mini School or Innovation Week

Celebration Week

Specialist Camps

Guidance Officer

Learning Support

Special Needs

Other

10. Any other personnel/services
involved in your child's education?

Submit