

SERVICES SCHEDULE

1. **PRESCHOOL/SCHOOL**
Blakeview Primary School
2. **PRESCHOOL/SCHOOL PREMISES**
3 Omega Drive, Blakeview SA 5114
3. **PRESCHOOL/SCHOOL REPRESENTATIVE**
Lisa Smith
4. **CHILD OR YOUNG PERSON**
[insert child or young person's name]
5. **PARENTS**
[insert parents' names]
6. **NON-EDUCATION SERVICE PROVIDER**
[insert name]
7. **NON-EDUCATION SERVICE PROVIDER STAFF**
[insert name]
8. **NON-EDUCATION SERVICE PROVIDER REPRESENTATIVE**
[insert name]
9. **TERM OF LICENCE**
2025
10. **RENEWAL**
10.1 eligible
10.2 not eligible
11. **NOMINATED AREA**
As specified in confirmation.

12. **NOMINATED TIME AND FREQUENCY OF ACCESS**

[Eg. Monday 9:30 WEEKLY]

13. **NOMINATED OBSERVER**

Lisa Smith

14. **PERMITTED PURPOSE**

[insert details]

15. **DESCRIPTION OF SERVICES**

[insert details eg. OT, Speech]

16. **ADDITIONAL CHARGES**

[insert a list of additional charges to be charged to the Non-Education Service
Provider

e.g. use of space,
use of facilities, such as phone, lighting, etc.]

17. **INFORMATION REQUIREMENTS**

[insert details if required]

18. **SPECIAL ARRANGEMENTS**

[insert details if required]

SIGNED for and on behalf of the Minister by a
person duly authorised by the Minister to do so:

SIGNED for an on behalf of the Non-Education Service

Provider by a person duly authorised to do so:

Dated