

SCHOOL MAILING LABELS REQUEST FORM

| | |
|----------|-----------------------|
| NAME: | ORGANISATION/SECTION: |
| ADDRESS: | |
| PHONE: | DATE REQUIRED: |

PLEASE INDICATE YOUR REQUIREMENTS BY MARKING THE BOXES BELOW

EDUCATION SECTOR:

| | | |
|--|--|---|
| <input type="checkbox"/> All Sectors | <input type="checkbox"/> Government (Public) Schools | <input type="checkbox"/> Non Government (Private) Schools |
| <input type="checkbox"/> Community Pre-Schools | <input type="checkbox"/> Independent Pre-Schools | |

EDUCATION LEVEL:

| | | | |
|-------------------------------------|--------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> All Levels | <input type="checkbox"/> Pre-Primary | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
|-------------------------------------|--------------------------------------|----------------------------------|------------------------------------|

EDUCATION REGIONS:

| | | |
|--|---|---|
| <input type="checkbox"/> All Districts | <input type="checkbox"/> Metropolitan schools | <input type="checkbox"/> Country/Regional Schools |
|--|---|---|

LIST SPECIFIC DISTRICT/S HERE IF REQUIRED: _____

ADDITIONAL OPTIONS (do you want to include any of the following?):

| | |
|--|---|
| <input type="checkbox"/> Education Support Schools | <input type="checkbox"/> Intensive English Centres |
| <input type="checkbox"/> Camp Schools | <input type="checkbox"/> District Resource Centres |
| <input type="checkbox"/> Farm Schools | <input type="checkbox"/> Other Resource Centres |
| <input type="checkbox"/> SPER Centres | <input type="checkbox"/> District Education Offices |
| <input type="checkbox"/> Campuses | |

LABEL TITLE (Default is Principal): _____

SORTING OPTIONS:

| | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> School Name | <input type="checkbox"/> District | <input type="checkbox"/> Classification |
|--------------------------------------|-----------------------------------|---|

No. of sets of labels required: _____

Will you be using the Department's courier services? Yes No

OFFICE USE ONLY

Charge for labels? Yes No Amount _____

Please return your request to: alistair.hutchison@det.wa.edu.au OR fax to: 9264 4888