

SPELD SA Inc P O Box 83, Glenside SA 5065 Phone: 8431 1655 Fax 8364 5751 Email: info@speld-sa.org.au Web: www.speld-sa.org.au	Date: Invoice: Mem No: BKMK:
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TUTOR ALLOCATION

On receipt of your payment of \$85.00, we will arrange for a tutor to contact you by 'phone'.

Mode of tutoring: Online / Face-to-Face at (home / school*) *consent to be obtained prior to application

NAME: Dr / Mr / Mrs / Miss / Ms
First Name Family Name

CHILD'S NAME:

SCHOOL: **YEAR:**

DATE OF BIRTH: **AGE:**

HOME ADDRESS:

.....
..... (Post Code)

TELEPHONE NO: (Home) (Work)

(Mobile) (Email)

HAS AN ASSESSMENT* BEEN DONE? YES / NO *Do not post in assessment

NAME OF PSYCHOLOGIST:

AREA(S) IN WHICH YOUR CHILD NEEDS ASSISTANCE:

.....
.....
.....
.....

SIGNATURE: **DATE:**

CREDIT CARD PAYMENT OPTION VISA MASTERCARD EXPIRY DATE ____/____ CCV_____

Last 3 digits on back of card

NAME ON CREDIT CARD _____ SIGNATURE _____

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Amount \$ _____