

All Abilities School Program

Application Form:



Name:

School:

Grade/Class Teacher:

Email:

Your Age:

Why would you like to be included in the All Abilities Program:

How do you see working with students with disability can benefit you?

How do you see your involvement benefiting the Support School students?

What skills can you bring to the program?

What do you want to achieve from the program?

I understand if I am accepted, this program is a commitment for the full school year.

If under 18, Parent Name: _____

I give permission for my child to participate in the program if selected. ***Yes*** ***No***

Parent comments (optional):

Parent Signature: