

# BOOKING REQUEST

Booking Reference No: \_\_\_\_\_  
\*Office Use Only

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Booking Contact Phone/Mobile No: \_\_\_\_\_

Coordinating Teacher Name: \_\_\_\_\_

Email: \_\_\_\_\_

Please note we use email as our **primary contact method** please provide the name/email of any other staff who will be accompanying students during the BioLAB program.

Class Teacher Name/s: \_\_\_\_\_

Email: \_\_\_\_\_

Program Location:  BioLAB  Atmy school

BioLAB Program Name/s: \_\_\_\_\_

Preferred dates 1: \_\_\_\_\_ 2: \_\_\_\_\_

Session Times : \_\_\_\_\_

Standard session times are: **AM:** 9.30am - 11.30am / **PM:** 12.30-2.30pm or 1pm-3pm this is to ensure the centre can also cater for other groups.

Subject Area: \_\_\_\_\_ Year Level: \_\_\_\_\_ Class Code: \_\_\_\_\_

No. of classes: \_\_\_\_\_ No. Students: \_\_\_\_\_ No. Staff \_\_\_\_\_

(include Aides/Parents)

Students with Medical or Disabilities: \_\_\_\_\_

(eg: asthma, anaphylaxis, heart or lung conditions etc)

## WHAT'S NEXT?...

Email this form to: [admin@biolab.vic.edu.au](mailto:admin@biolab.vic.edu.au) OR Fax to (03) 4245 4121  
We will contact you as soon as possible to confirm if your requested dates are available.  
If you would like to discuss the booking further with one of our education staff please contact us on (03) 4245 4100 between school hours Monday - Friday.