

Registration Form For SVRC Braille Correspondence Course

Name: _____

Student name: _____

School: _____

Mailing address: _____

Contact telephone: _____

Fax: _____

Email: _____

Recommended by: _____

I am (please indicate):

- a visiting teacher
- a parent of a student
- an aid of a student
- other

Thank you for your interest! Please return the completed form to the
Statewide Vision Resource Centre.

- Email: svrc@svrc.vic.edu.au
- Fax: (03) 9841 0878
- In person: 370 Springvale Rd Donvale