

Title 1 School Field Trip Application Form

School Name _____

Street Address _____

City _____

State _____

ZIP _____

School Phone: (____) _____ School District: _____

Title 1 Coordinator's Name: _____ Email: _____

% of school's students who are eligible for free or reduced price lunch: _____ %

Field Trip Primary Contact Information:

Contact Name: _____ Teacher's email: _____

Other Teachers' Names: _____

If we need to reach you by telephone, please identify the preferred number: _____

*Student ratio is one adult chaperone for every five students (1:5) for preschool, elementary and middle school. For high school, the ratio is one adult chaperone for every ten students (1:10). **Maximum student group size is 100, with 20 teachers/chaperones encouraged.***

Requested Date and Arrival Time: (Circle One Time)

Regular tour days are Tuesday through Friday

Field Trip Date - 1st Choice: _____ **9:30 a.m.** **11:00 a.m.** **12:30 p.m.**

Field Trip Date - 2nd Choice: _____ **9:30 a.m.** **11:00 a.m.** **12:30 p.m.**

Number of Students: _____ Grade Level: _____

Number of Adult Chaperones: _____ (No charge for chaperones within the designated ratio or bus drivers)

*Additional Adults: _____ x \$10 = \$_____ (To be paid by the school or district)

Transportation Funds Requested: \$_____

Method of Transportation: Van (#) _____ Personal Vehicle (#) _____ Bus (#) _____

***PAYMENT INFO (for adults beyond required number of chaperones):** Cash, business check, credit card, and purchase orders accepted. We encourage school districts to pay via purchase order to receive an invoice. No refunds for reduced attendance the day of visit on pre-written checks.

Following review of your application, you will be notified as to the amount of funding you have been awarded.

Any there any special needs we should be aware of in advance of your visit?

How did you hear about us?

Mail/email the completed form to Wade Weber at wweber@scottsdalemuseumwest.org or the address below.

Questions? Call 480-686-9539, ext. 212

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