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  updated 1-29-2016v2 ww
3830 N. Marshall Way ◊ Scottsdale, AZ ◊ 85251 ◊ 480-686-9539 ◊ scottsdalemuseumwest.org