

School Information for Museum School

School Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Dates Attending: _____

Teachers' Names	Email Address	Class Size
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please indicate the team leader with an “X”. A cell phone number is helpful.)

Special Needs/disabilities/allergies (peanut butter, milk, wheel chair, etc.):

List any students that cannot be photographed:

Note any schedule changes needed in addition to early dismissal on Wednesday:

Monday -

Tuesday -

Wednesday -

Thursday -

Friday -

What is the best way to contact you for your post visit?

_____ Phone

_____ Email

_____ In person

Parent letters are included in your teacher's manual and are available in English, Spanish and Bosnian. These are to be sent home with the students prior to Museum School.

Questions/comments: