

Request for School Programs

Please Return by Fax: (605) 394-1793 or E-mail to: katie.wiedrich@state.sd.us

Contact Person: _____

Work Phone: _____ Home Phone: _____

School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

1 Class Program Number of Students (**min. 10 - max. 30**) _____ Grade: _____

FAD Program Number of Students (**min. 30 - max. 100**) _____ Grade: _____
(larger groups may need to come over 2 days)

Special Needs (Please indicate any students with mobility, disability, health, allergies, photo restrictions, or other concerns):

Program Requested: (**Choose one from the brochure - unless it is a FAD date — then choose 2 outdoor skills and 2 environmental education**):

Preferred Dates and Times (**choose 3-4 in order of preference**; you may e-mail to find out available dates after the lottery is over):

	Date	Arrival Time	Departure Time
1st choice	_____	_____	_____
2nd choice	_____	_____	_____
3rd choice	_____	_____	_____
4th choice	_____	_____	_____

Are you sharing the bus with another teacher(s)? _____

Additional Notes/Questions:

(Other teachers' names)