

GENERAL ADMISSION TOUR (Kennedy and GWB)

Type of group:

- Select: School  
Church  
Civic  
Tour Group  
Other \_\_\_\_\_

Has your group visited before?

- Select: Yes No

Mailing Address: (City, State, Zip Code)

Fill in the blank

Daytime Phone Number:

Fill in the blank

Type of tickets requested:

- Fill in the blank Adult \_\_\_\_\_  
Senior (62+) \_\_\_\_\_  
Youth (13 - 17) \_\_\_\_\_  
Children (5 - 12) \_\_\_\_\_  
Child (5 - 12) \_\_\_\_\_  
Infant \_\_\_\_\_  
Military (Retired) \_\_\_\_\_  
Military (Veteran) \_\_\_\_\_  
Military (Active Duty) \_\_\_\_\_  
(Insert Affiliated University Name) Student, Faculty, and Staff \_\_\_\_\_  
College Student (Non-Insert Affiliated University Name) \_\_\_\_\_

Questions or comment:

Fill in the blank

EDUCATION TOUR / SITUATION ROOM EXPERIENCE / BUS SCHOLARSHIP REQUEST (Kennedy, Reagan and GWB)

Confirm number participants and chaperones:

- Fill in the blank Pre-K \_\_\_\_\_  
Kindergarten \_\_\_\_\_  
1st - 5th grade \_\_\_\_\_  
6th - 8th grade \_\_\_\_\_  
9th grade \_\_\_\_\_  
10th grade \_\_\_\_\_  
11th grade \_\_\_\_\_  
12th grade \_\_\_\_\_  
Undergraduate \_\_\_\_\_  
Graduate \_\_\_\_\_  
Educator \_\_\_\_\_  
Chaperone \_\_\_\_\_  
Parent \_\_\_\_\_  
Adult \_\_\_\_\_  
Participants \_\_\_\_\_

Date of visit? Select date:

What time will participants arrive for the Situation Room Experience? The Situation Room Experience is two and a half full hours. Please plan to spend at least THREE HOURS in the simulation.

Fill in the blank:

What time will participants arrive for the Situation Room Experience? The Situation Room Experience is three full hours (half-day). Please plan to spend at least FOUR HOURS in the simulation.

Fill in the blank:

What time will students arrive? Select time:

What time will participants arrive? Select time:

Self-guided Presidential Library Tour

Check the box

Docent-led Presidential Library Tour

Check the box

Select: Museum  
Special Exhibit  
Park

Guided-School Program

Check the box

Museum-Educator Program

Check the box

Transportation to museum:

Select: Bus  
Car  
Bus and Car

Will you need a bus scholarship?

Select: Yes No

We are happy to offer financial assistance. Will you be requesting funding?

Select: Yes No

Actual bus cost estimate:

Fill in the blank

Statement of financial need from the school principal:

Essay response

Teacher signature:

Sign and Date

Principal signature:

Sign and Date

Lunch plans:

Select: Bring Sack-Lunches  
No Lunch  
Pre-order Box Lunches  
Cater-in

Executive lunch plans:

Select: No Lunch  
Pre-order Box Lunches  
Café & Pub  
Buffet

On-site contact name: (first and last)

Fill in the blank

On-site contact cell:

Fill in the blank

On-site contact e-mail:

Fill in the blank

Independent home school:

Select: Yes No

Region:

Fill in the blank

School district:

Fill in the blank

Type of school:

Select: Charter  
Private  
Public  
Other \_\_\_\_\_

Organization name:

Fill in the blank

Organization address: (street number and name, city, state, and zip code)

Fill in the blank

Organization website:

Fill in the blank

Principal or head of organization name: (first and last)

Fill in the blank

Principal or head of organization direct number:

Fill in the blank

Principal or head of organization e-mail address:

Fill in the blank

Is there anything special we should know about your group?

Fill in the blank

Do you need meeting space?

Select: Yes No

Field trip confirmation number:

Fill in the blank

Agenda

Fill in the blank

Pre-packet sent

Check the box

Representative submitted signed policy and use agreement.

Check the box

RESEARCH PROGRAM QUESTIONS (NYC)

Date of visit:

Fill in the blank 1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

3rd choice: \_\_\_\_\_

Expected time of arrival?

Fill in the blank

Duration of visit:

Fill in the blank

Number of students:

Fill in the blank

Number of educators and chaperones:

Fill in the blank

Grade level:

Fill in the blank

Type of class: (history, research, civics, language arts, other)

Fill in the blank

Location of program:

Select: On-site

Off-site

Topic selection:

Select: Immigration

World War II

The Bill of Rights

Inventions

Desegregation

Genealogy

Civil Rights

The New Deal

Women's Rights

Copyright

Court Cases

Labor

Prohibition

Cold War

Great Depression

Maritime

Photographs

Civil War

The Constitution

Disaster at Sea  
That's Entertainment  
Other \_\_\_\_\_

Teacher's name:

Fill in the blank

School name:

Fill in the blank

Street address:

Fill in the blank

City:

Fill in the blank

State:

Fill in the blank

Zip code:

Fill in the blank

E-mail:

Fill in the blank

School phone number:

Fill in the blank

Cell phone to reach you if needed the day of the visit:

Fill in the blank

Would you like to receive the Education Updates Blog from the National Archives?

Select:    Yes    No

TRAVELING TRUNK PROGRAM (Reagan and GWB)

Traveling Trunks may be rented for 2 week or 4 weeks by an educator, administrator, or school district:

Select:    One week  
            Two Weeks  
            Four Weeks

Pick-up or ship:

Select:    Pick-up  
            Ship

Payment method:

Select:    Check  
            Credit Card

Payment information (name, credit card number, expiration date, security code, account number, routing number)

Fill in the blank

Billing address: (street number and name, city, state, and zip code)

Fill in the blank

Shipping address: (street number and name, city, state, and zip code)

Fill in the blank

EDUCATOR WORKSHOP QUESTIONS (Reagan)

Can you attend?

Select:    Yes, I'll be No, I cannot attend

Full name:

Fill in the blank

First name:

Fill in the blank

Last name:

Fill in the blank

E-mail address:

Fill in the blank

Phone number:

Fill in the blank

How many persons will attend?

Fill in the blank

What company or school are you associated with?

Fill in the blank

What is the name of the school or organization where you teach?

Fill in the blank

If you are an educator, what grade levels do you teach?

Fill in the blank

How did you hear about this event?

Fill in the blank

FILM THIS! QUESTIONS (Reagan) (ages 14 - 19)

Student Name

Fill in the blank

I am interested in attending:

Select:      Session A  
                 Session B

Paid or Scholarship

Select:      Paid  
                 Scholarship

Student email

Fill in the blank

Parent email

Fill in the blank

Parent Signature

Sign and Date

Student Signature

Sign and Date

Write one paragraph explaining why you would like to participate in the Reagan Student Media Seminar.

Essay response

Write one paragraph describing your experience with film and media.

Essay response

Describe your reasons for needing financial assistance.

Essay response

How much of the amount are you able to pay?

Essay response

Which session would you prefer?

Essay response

ONLINE / DISTANCE LEARNING QUESTIONS (Reagan)

What are the names of people attending webinar?

Fill in the blank

What is your school name and field trip date?

Fill in the blank

Which session date do you plan to attend?

Date is selected from a drop down menu of options.

What is your email address?

Fill in the blank

PROFESSIONAL DEVELOPMENT WEBINAR (LO including Archives 1, New York, College Park)

Teacher Name

Fill in the blank

Title

Fill in the blank

Phone Number

Fill in the blank

Education Institution/Organization Name

Fill in the blank

Address 1

Fill in the blank

Address 2

Fill in the blank

City

Fill in the blank

State

Fill in the blank

Zip

Fill in the blank

Select a Webinar

An Introduction to DocsTeach: Discover DocsTeach.org, the online tool for teaching with documents from the National Archives.

Teaching the Charters of Freedom: Join the National Archives for a hands-on session and discover resources for teaching the founding documents of the United States.

Fill in the blank from a menu of rotating webinars

National History Day & Online Catalog

Using & Creating DocsTeach Activities

Bringing Native American Voices into your Classroom

Introduction to New American Indian & Alaskan Native Resources and Programs

Bringing Native Voices into the Non-Native Classroom

The Making of American Indian Treaties

Citizen Archivists in the Classroom Using the New "Native Communities" Program and DocsTeach

Native American Stories about the Lewis and Clark Expedition

Teaching the Indian Removal Act of 1830

Penpals from the Past: American Indian Schools in the United States

Select a Time Zone (for by-request webinars only)

Alaska Standard Time

Atlantic Standard Time

Central Standard Time

Eastern Standard Time

Hawaii-Aleutian Standard Time

Mountain Standard Time

Pacific Standard Time

Connection Preference -

Select: Webcam/Computer/Desktop Web Conferencing Software

Traditional Video Conferencing Equipment/IP (H.323) Connection

Unsure

Preferred Date 1 (for by-request webinars only)

Fill in the blank

Preferred Time 1

Fill in the blank

Preferred Date 2 (for by-request webinars only)

Fill in the blank

Preferred Time 2

Fill in the blank

Preferred Date 3 (for by-request webinars only)

Fill in the blank

Preferred Time 3

Fill in the blank

Number of Participants

Fill in the blank

Occupation

Fill in the blank

Grade Level

Fill in the blank

Select: K-2

Grades 3-5

Grades 6-8

Grades 9-12

Higher Education

Other

Special Accommodations

Select: Yes No

Space to write in any special accommodations.

Comment or Questions

Space to write in any comments or questions.

Connect with the National Archives

Would you like to receive emails about new teaching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog?

Select: Yes No

Would you like to receive emails about upcoming education programs?

Select: Yes No

K-12 DISTANCE LEARNING PROGRAMS (LO including A1 and New York)

Teacher Name

Fill in the blank

Title

Fill in the blank

Phone Number

Fill in the blank

Email Address

Fill in the blank

School Name

Fill in the blank

Address 1

Fill in the blank

Address 2

Fill in the blank

City

Fill in the blank

State

Fill in the blank

Zip

Fill in the blank

Select an Elementary School Distance Learning Program

(K-2) Our Classroom Bill of Rights

(K-2) What Happens in Washington?

(3-5) The Charters of Freedom: Building a More Perfect Union

(3-5) Superhero Bill of Rights

(3-5) Rightfully Hers: American Women and the Vote

(4-5) The Constitution at Work: Elementary School Edition

Select a Middle School Distance Learning Program

(6-8) The Charters of Freedom: Building a More Perfect Union

(6-8) Decoding the Declaration

(6-8) The Constitution at Work: Middle School Edition

(6-8) The Bill of Rights in Real Life

(6-8) Rightfully Hers: American Women and the Vote

Select a High School Distance Learning Program

(9-12) The Charters of Freedom: Building a More Perfect Union

(9-12) Decoding the Declaration

(9-12) Know Your Rights

(9-12) Rightfully Hers: American Women and the Vote

Select a Time Zone

Alaska Standard Time

Atlantic Standard Time

Central Standard Time

Eastern Standard Time

Hawaiian-Aleutian Standard Time  
Mountain Standard Time  
Pacific Standard Time

Preferred Date 1

Fill in the blank

Preferred Time 1

Fill in the blank

Preferred Date 2

Fill in the blank

Preferred Time 2

Fill in the blank

Preferred Date 3

Fill in the blank

Preferred Time 3

Fill in the blank

Connection Preference

Select: I would like the Nation Archives to provide a web conferencing link for the program  
I can provide a web conferencing link for the program  
Unsure

Number of Participants

Fill in the blank

Number of Students

Fill in the blank

Grade Level

Select: K  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12

Type of Class (U.S. History, Civics, Language Arts, etc.)

Fill in the blank

Special Accommodations

Select: Yes No

Space to write in any special accommodations.

Comment or Questions

Space to write in any comments or questions.

The National Archives requires that the requesting educator or another educator from your institution be present during the student distance learning program to observe the session and support classroom management. The National Archives cannot fulfill program requests for non-supervised sessions. I confirm that I have read, understand, and agree to the above statement.

Select: Yes No

Would you like to receive emails about new teaching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog?

Select: Yes No

Would you like to receive emails about upcoming education programs?

Select: Yes No

PRIMARYLY TEACHING

Name

Fill in the blank



Phone Number

Fill in the blank

Title

Fill in the blank

Email Address

Fill in the blank

Education Institution/Organization Name

Fill in the blank

Home Mailing Address 1

Fill in the blank

Home Mailing Address 2

Fill in the blank

City

Fill in the blank

State

Fill in the blank

Zip

Fill in the blank

School Name

Fill in the blank

School City

Fill in the blank

School State

Fill in the blank

School Zip

Fill in the blank

Research Interest

Select a NARA Location (Dates of Primary Teaching will be dictated by respective location.)

Select from drop down options:

Research Interest (Your topic of independent research must use original records among the holdings of the National Archives. Keeping the guidelines from the workshop overview in mind, identify and independent research topic of interest to you. Be as specific as possible. You may choose to continue independent research on the case study.

Space to write in research interest:

Primarily Teaching Application Agreement

I have read and agree to the Primarily Teaching Application:

Select: Yes No

Would you like to receive emails about new teaching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog?

Select: Yes No

Would you like to receive emails about upcoming distance learning programs?

Select: Yes No

LEARNING LAB REGISTRATION (ARCHIVES 1)

Teacher's Name

Fill in the blank

Title

Fill in the blank

Email

Fill in the blank

Phone Number

Fill in the blank

Cell Phone Number (Required for Day of Visit)

Fill in the blank

Fax Number

Fill in the blank

School Name

Fill in the blank

Address 1

Fill in the blank

Address 2

Fill in the blank

City

Fill in the blank

State

Fill in the blank

Zip

Fill in the blank

Preferred Date 1

Fill in the blank

Select a Program Time and Time 1

Select:

Select:

Select:

Preferred Date 2

Fill in the blank

Select a Program Time and Time 2

See options to select from under: Select a Program Time and Time 1

Preferred Date 3

Fill in the blank

Select a Program Time and Time 3

See options to select from under: Select a Program Time and Time 1

Number of Students

Fill in the blank

Number of Teachers And Other Chaperones (We ask that there be 1 chaperone for every 10 students)

Fill in the blank

Number of Other Chaperones (We ask that there be one chaperone for every 10 students.)

Fill in the blank

Total Number of Attendees

Fill in the blank

Grade Level (Programs are available for grades K-12)

Select:

Type of Class (U.S. History, Civics, Language Arts, etc.)

Fill in the blank

Special Needs Accommodations

Select: Yes No

Space to write in any special accommodations.

Applicant Agreement

Check:

I have read and agree to the terms of the Pre-Visit Preparation and Requirements, and my students will be prepared for their visit. I understand I may bring no more than 36 students per lab session.

Visits to the Rotunda and other exhibition areas are not part of the lab experience. I must allow more time if I want my students to visit these spaces.

Enter your comments or questions here

space to write in comments or questions

Would you like to receive emails about new teaching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog?

Select: Yes No

Would you like to receive emails about upcoming education programs at the National Archives?

Select: Yes No

NATIONAL ARCHIVES PAJAMA PARTY (LO)

Parent/Guardian Last Name

Fill in the blank

Parent/Guardian First Name

Fill in the blank

Preferred email address

Fill in the blank

Last name of the child you are registering

Fill in the blank

First name of the child you are registering

Fill in the blank

If you are registering additional children, please enter their names here.

Fill in the blank

City

Fill in the blank

State

Fill in the blank

Zip Code

Fill in the blank

Is this the first time your family has participated in a National Archives education program? \*

Select: Yes No Not sure

How did you find out about this program? Please check all that apply.

Select: E-mail from the National Archives or the National Archives Foundation  
National Archives Social Media (Facebook, Instagram, Twitter)  
Other Social Media  
Through a friend/family member  
Other

Would you like to receive emails about upcoming National Archives education programs? \*

Select: Yes No Not sure

GROUP TOUR AND FIELD TRIP RESERVATIONS (LBJ)

Group Type

Are you a:

Select: Pre-K-12 Group  
College/University Group  
General Group

[Pre-K-12] Tell Us About Your Visit

Name of School or Group

Fill in the blank

Name of Tour Company (if applicable)

Fill in the blank

Preferred Visit Date

Fill in the blank

Alternative Visit Date

Fill in the blank

If you are planning to visit over the course of multiple days, please indicate below. Number of Students (15 minimum, 60 maximum)

Fill in the blank

Grade Level(s)

Fill in the blank

Ages of Students

Fill in the blank

Number of School Staff. Please include bus driver(s) and/or coordinator.

Fill in the blank

Number of Other Adult Chaperones

Fill in the blank

How would you like to spend your time at the library? (?) Our immersive classroom experiences take place in the Lady Bird Education Center, located on the second floor of the LBJ Library. Each experience is hands-on giving students the opportunity to work with our primary resources from our archives or with artifacts from our museum collection.

Guided tour, no immersive classroom experience

Preferred Start Time

Select: 9:30 a.m.  
11:30 a.m.  
1:30 p.m.  
2:30 p.m.

Alternative Start Time

Fill in the blank

Preferred Length of Tour (Min. time: 60 minutes, Typical tour is 90 minutes)

Fill in the blank

Guided tour with immersive classroom experience

Preferred Start Time

Select: 9:30 a.m.  
11:30 a.m.  
1:30 p.m.

Which immersive classroom experience would you like to participate in? A tour is included with each experience. Note(s): 1) The tour portion of your visit is self-guided. The classroom experience is facilitated and led by an LBJ Library Education Specialist. 2) Please visit our Education page to learn more about each of our experiences.

Dropdown: The Spy's Dilemma/LBJ and the Cold War Program and Tour (2.5-3 hours)  
Vietnam: A Presidential Decision Program and Tour (3-4 hours) A  
Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours)  
A Matter of Civil Rights Program and Tour (2 hours)  
Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours)  
Election Collection Program and Tour (2-2.5 hours)

Self-guided tour, no immersive classroom experience

Preferred Start Time Please select a time between 9:30 a.m.-3:30 p.m.

Fill in the blank

Alternative Start Time

Fill in the blank

Preferred Length of Tour (Min. time: 60 minutes, Typical tour is 90 minutes)

Fill in the blank

Self-guided tour with immersive classroom experience

Preferred Start Time Please select a time between 9:30 a.m.-3:30 p.m.

Fill in the blank

Which immersive classroom experience would you like to participate in? A tour is included with each experience. Please visit our Education page to learn more about each of our experiences. Self-guided tour with immersive classroom experience

Dropdown: The Spy's Dilemma/LBJ and the Cold War Program and Tour (2.5-3 hours)  
Vietnam: A Presidential Decision Program and Tour (3-4 hours) A  
Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours)  
A Matter of Civil Rights Program and Tour (2 hours)

Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours)  
Election Collection Program and Tour (2-2.5 hours)

College/University Group

Name of School or Group

Fill in the blank

Name of Tour Company (if applicable)

Fill in the blank

Preferred Visit Date

Fill in the blank

Alternative Visit Date

Fill in the blank

If you are planning to visit over the course of multiple days, please indicate below.

Fill in the blank

Number of Students (60 maximum)

Fill in the blank

Number of faculty/staff and bus driver(s)

Fill in the blank

How would you like to spend your time at the library?

Immersive classroom experience only, no tour

Which immersive classroom experience would you like to participate in? Please visit our Education page to learn more about each of our experiences.

Dropdown: Vietnam: A Presidential Decision Program and Tour (3-4 hours) A  
Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours)  
A Matter of Civil Rights Program and Tour (2 hours)  
Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours)  
Introduction to Holdings and Tour (2 - 3 hours)

Guided tour, no immersive classroom experience

Preferred Tour Start Time

Select: 9:30 a.m.  
11:30 a.m.  
1:30 p.m.  
2:30 p.m.

Alternative Start Time

Fill in the blank

Preferred Length of Tour (typical tour is 90 minutes)

Fill in the blank

Guided tour, with immersive classroom experience

Preferred Tour Start Time

Select: 9:30 a.m.  
11:30 a.m.  
1:30 p.m.

Which immersive classroom experience would you like to participate in? Please visit our Education page to learn more about each of our experiences.

Dropdown: Vietnam: A Presidential Decision Program and Tour (3-4 hours) A  
Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours)  
A Matter of Civil Rights Program and Tour (2 hours)  
Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours)  
Introduction to Holdings and Tour (2 - 3 hours)

Self-guided tour, no immersive classroom experience

Preferred Start Time Please select a time between 9:30 a.m.-3 p.m.

Fill in the blank

Alternative Start Time

Fill in the blank

Preferred Length of Tour (typical tour is 90 minutes)

Fill in the blank

Self-guided tour with immersive classroom experience

Preferred Start Time Please select a time between 9:30 a.m.-3 p.m.

Fill in the blank

Which immersive classroom experience would you like to participate in? A tour is included with each experience. Note(s): 1) The tour portion of your visit is self-guided. The classroom experience is facilitated and led by an LBJ Library Education Specialist. 2) Please visit our Education page to learn more about each of our experiences.

Dropdown: Vietnam: A Presidential Decision Program and Tour (3-4 hours) A  
Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours)  
A Matter of Civil Rights Program and Tour (2 hours)  
Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours)  
Introduction to Holdings and Tour (2 - 3 hours)

General Group or Contact Information

Name of Group

Fill in the blank

Name of Tour Company (if applicable)

Fill in the blank

Preferred Visit Date

Fill in the blank

Alternative Visit Date

Fill in the blank

If you are planning to visit over the course of multiple days, please indicate below.

Fill in the blank

Friendly reminder: We do not offer guided tours for non-school groups. For more information, please contact the Volunteer and Visitor Services Office at (512) 721-0184.

What is your preferred start time? Self-guided tours are available between 9:30 a.m.-3:30 p.m.

Fill in the blank

Fill in the blank

Preferred Length of Tour (Min. time: 60 minutes, Typical tour is 90 minutes)

Fill in the blank

Tell us about your group.

This will help us efficiently check you in on your day of visit.

Number of Tour Director(s) or Group Leader(s) and Bus Driver(s) (Free admission)

Fill in the blank

Number of Adults (Admission \$7)

Fill in the blank

Number of Seniors (Admission \$5)

Fill in the blank

Number of Youth (13-17) (Admission \$3)

Fill in the blank

Number of Children (12 and under) (Free admission)

Fill in the blank

Number of Non-UT Austin College/University Students (Admission \$3)

Fill in the blank

Number of UT Austin Students, Staff, and Faculty (Free admission)

Fill in the blank

Number of Active Duty Military (Free admission)

Fill in the blank

Number of Former Military (Admission \$5)

Fill in the blank

Number of LBJ Library Members and Other NARA Presidential Library Members (Free admission)

Fill in the blank

Main Contact First Name

Fill in the blank

Main Contact Last Name

Fill in the blank

Main Contact Person Title:

Fill in the blank

Email Address

Fill in the blank

Phone Number (Direct line or cell phone preferred)

(XXX) XXX-XXXX

Street Address

Fill in the blank

Address Line 2

Fill in the blank

City

Fill in the blank

State

Drop down list of every U.S. state

Zip Code

Fill in the blank

On the day of your visit, will there be a different point of contact?

Select: Yes No

Day-of Contact First Name:

Fill in the blank

Day-of Contact Last Name: Day-of Contact Email Address

Fill in the blank

Day-of Contact Phone Number (Cell phone preferred)

Fill in the blank

Additional Information

Additional Comments Include any specific day-of needs, ADA accommodations, or more

Fill in the blank

If you have been in touch with a specific LBJ Library contact, please include their name below:

Fill in the blank

Would your group like to visit our museum store? The Store at LBJ?

Select: Yes No

LIBRARY QUESTIONS (Kennedy)

Have you ever visited the museum?

Fill in the blank

Have you brought students for a guided program? (Which one?)

Fill in the blank

How did you learn about this program?

Fill in the blank

Will you (briefly) indicate how the visit relates to your school curriculum?

Fill in the blank

Confirm number participants and chaperones:

Fill in the blank Pre-K \_\_\_\_

K - 2nd \_\_\_\_

3rd - 5th grade \_\_\_\_

6th - 8th grade \_\_\_\_

9th grade \_\_\_\_

10th grade \_\_\_\_

11th grade \_\_\_\_

12th grade \_\_\_\_

Undergraduate \_\_\_\_

Graduate \_\_\_\_

Educator \_\_\_\_

Chaperone \_\_\_\_

Parent \_\_\_\_

Adult \_\_\_\_

Participants \_\_\_\_

We are happy to work with you to provide reasonable accommodations for students. Please let us know how we can support you.

Fill in the blank

Minor's Name

Minor's Age

Name

Date

Parent or Legal Guardian Name Printed

Parent or Legal Gurdain Signature

Parent of Legal Guardian DOB

Address

Phone

Cell

City

State

Zip