Title 1 Field Trip Application Form

**Name** **of** **School**: **%** **Students** **eligible** **for** **free/reduced** **price** **lunch**:

**School** **District**: **School** **Phone**: ( )

# Address: City/State/ZIP:

**Title** **1** **Coordinator**: **Email**:

**Primary** **Contact**: **Email**:

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

**Names** **of** **Additional** **Teachers**:

*Student* *ratio* *is* *one* *adult* *chaperone* *for* *every* *five* *students* *(1:5)* *for* *preschool,* *elementary,* *and* *middle* *school.* *The* *ratio* *for* *high* *school* *is* *one* *adult* *chaperone* *for* *every* *ten* *students* *(1:10).* *The* *maximum* *student* *group* *size* *is* *100,* *with* *20* *teachers/chaperones* *encouraged.* ***Regular*** ***tour*** ***days*** ***are*** ***Tuesday*** ***through*** ***Friday.***

**Requested** **Date:** **Please** **Select** **One** **Arrival** **Time** **Per** **Date:** **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.

**Grade** **Level**: **#** **of** **Students**: # **of** **Adult** **Chaperones** **within** **ratio**:

**Select** **Area** **of** **Study:**

* An Introduction to the American West
* Moments In Arizona History
* Spanish and Mexican Influences in Arizona
* Sustainability
* The Five Cs of Arizona
* The Oregon Trail and Westward Expansion

**Requested** **Transportation** **Funds**: $ Applicants will receive notification of approved transportation funding pending application review.

**Method** **of** **Transportation**: **#** **of** **Buss(es)**: **#** **of** **Van(s)**: **#** **of** **Personal** **Vehicle(s)**:

**Additional** **Adults/Chaperones\*** @ $10/person = $ (to be paid by school or district)

**TOTAL** **DUE**: **$**

**We** **accept** **cash,** **business** **checks,** **credit** **cards,** **and** **purchase** **orders.** **Districts** **are** **encouraged** **to** **pay** **via** **purchase** **order** **to** **receive** **an** **invoice.** **No** **refunds** **will** **be** **given** **for** **reduced** **attendance** **the** **day** **of** **visit** **on** **pre-written** **checks.** **\*There** **is** **no** **charge** **for** **bus** **drivers** **or** **chaperones** **within** **the** **designated** **ratio.**

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

How did you hear about us?

# Please return completed form to Wade Weber at wweber@scottsdalemuseumwest.org or the address below. Questions? Please call (480) 530-3461.

3830 N. Marshall Way, Scottsdale, AZ 85251 | [www.scottsdalemuseumwest.org](http://www.scottsdalemuseumwest.org/) | (480) 686-9539