

VISIT SCHEDULING

FAX: (337) 291-5464 (337) 291-8061 CALL: (337) 291-5544 E-MAIL: egilbert@lafayettela.gov

DATE CHOICES: 1ST 2ND

3RD **Best Time To Contact You** _____

ORGANIZATION PHONE

ADDRESS FAX

CITY PARISH STATE ZIP

PERSON ARRANGING CELL

E-MAIL

ARRIVE TIME:

LATEST DEPART TIME:

PLANETARIUM PROGRAM CHOICE:

PLANETARIUM TIME: 9:10 10:10 11:10 12:10 (CIRCLE CHOICE) PUBLIC

■ **CHAPERONES - PLANETARIUM PROGRAM ATTENDANCE LIMITED TO 2 PER CLASS**

GRADES or AGES **STUDENTS #** **TEACHERS #**

HOMESCHOOLS

1 parent per family consider classroom teacher

FAMILIES TOTAL # _____

pK _____ # K- 2ND _____

3RD - 6TH _____ 7TH - 12TH _____

PLEASE COMPLETE SEPARATE FORM FOR EACH DATE SCHEDULING

TEACHERS	TOTAL CLASS COUNT	TEACHERS	TOTAL CLASS COUNT
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

RESERVE LUNCROOM AREA:

 YES NO

SPECIAL NEED STUDENTS

CLASS AIDES ASSIGNED TO (TEACHER) _____

MED. AIDES ASSIGNED TO (TEACHER) _____

Autistic # CLASS _____

Hearing impaired Interpreter- Y N CLASS _____

Spec. Ed # Aca. Level (APPROX) _____ CLASS _____

Wheelchair # CLASS _____

BK	EM	Change
SCH	FX	TL
Lch	MO	BL
CON	PHONE	Ed Dpt