



EDUCATION OUTREACH PROGRAMME BOOKING FORM

SCHOOL DETAILS:

NAME OF SCHOOL/NGO: _____

ADDRESS: _____

PHONE NO: _____ EMAIL: _____

CONTACT PERSON: _____ MOBILE: _____

DATE OF VISIT: _____ TIME: _____

HAS THE WCED BEEN INFORMED OF YOUR SCHOOL'S INTENDED VISIT TO THE SAJM? YES/NO

BUS SUBSIDY REQUIRED: YES / NO FULL / PARTIAL

IS YOUR SCHOOL ON THE PENINSULA FEEDING PROGRAMME? YES/NO

TEACHER'S WORKSHEETS TO BE EMAILED TO: _____

GROUP DETAILS:

GRADE: _____ NO OF LEARNERS: _____

ENGLISH LANGUAGE PROFICIENCY: _____

NO. OF LEARNERS WITH SPECIAL NEEDS: _____

(Please identify the above if relevant): _____

BACKGROUND AND PROFILE OF LEARNERS: _____

NO OF ADULTS ATTENDING: _____ MOBILE NO. OF GROUP LEADER: _____

DATE OF BOOKING: _____

Terms and conditions:

1. Teachers are to accompany learners throughout the museum.
2. The SAJM may use appropriate photographs of teachers and learners for marketing purposes.
3. SAJM does not provide personal liability cover for the transport of learners. Liability for safety of learners remains the responsibility of the school.
4. If the school cancels the visit with less than 7 working days' notice, the school will be responsible for a cancellation fee.

SIGNATURE OF TEACHER IN CHARGE OF OUTING: _____