



321 Harborside Blvd \* Providence, RI \* (P) 401-461-4224 \* (F)401-461-4222



# Enrollment Form

School Name \_\_\_\_\_ Lead Teacher \_\_\_\_\_

Phone Number \_\_\_\_\_ Lead Teacher Email \_\_\_\_\_

*Please fill out boxes below for EACH team your school/group will be bringing to Exchange City*

Team Name _____	Team Name _____	Team Name _____
Number of Students _____ Grade _____	Number of Students _____ Grade _____	Number of Students _____ Grade _____
Teacher Email _____	Teacher Email _____	Teacher Email _____
Requested Visit Date _____	Requested Visit Date _____	Requested Visit Date _____
2 <sup>nd</sup> Choice _____	2 <sup>nd</sup> Choice _____	2 <sup>nd</sup> Choice _____
3 <sup>rd</sup> Choice _____	3 <sup>rd</sup> Choice _____	3 <sup>rd</sup> Choice _____

### Program Cost:

Fall: \$25 per student

Spring: \$30 per student

Desired Professional Development Date: \_\_\_\_\_

Number of Curriculums Needed: \_\_\_\_\_

I need assistance finding volunteers

I wish to share my day with another school

- 20% Deposits due 90 days prior to visit, balance due on date of visit
- I understand that I must give thirty (30) days notice in the event of a cancellation and my 20% deposit will not be refunded
- Final estimates of student participation should be communicated to Education in Action two weeks prior to visit.

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Lead Teacher: \_\_\_\_\_

Date: \_\_\_\_\_