

**A Schmahl Science Workshop  
Scheduling Request**

**School Site Information**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Secretary name/phone: \_\_\_\_\_

Principal name/phone: \_\_\_\_\_

Any other Requestor/Site Contact name/phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please note:**

- confirmations are sent by email, unless otherwise requested.
- confirmations must be acknowledged by requestor.

**Parking availability:**

Can a convenient parking space, with easy access into and out of the school, be reserved for SSW on workshop days? Yes No

If not, extra time will be required for loading and unloading; your site will be charged a per-day extra fee of \$30.

**\*Please attach a copy of your school site map to this form**

**Scheduling information:**

Please list your school's daily regular schedule:

Please list any days of the week or times that should NOT be scheduled for workshops:

Elementary schools: Do students in any grade change class groupings at a certain time of day? (That is, a time when workshops should NOT be scheduled.) If so, please give specific timings:

Is this request for

\_\_\_ a single workshop on a single day

\_\_\_ multiple workshops/days?

Is this for a

\_\_\_ fixed date and time?

\_\_\_ flexible dates and times?

\_\_\_ In-class, in-school, 50 minute workshop with regular teacher present

\_\_\_ After-school 60-minute workshop

\_\_\_ Homeschool workshop

\_\_\_ Extended duration workshop

**A Schmahl Science Workshop  
Workshop Request Form**

**\*\*\* School Site Information form MUST be completed and attached**

**\*ALL\* of the information below must be completed for EACH CLASS being requested before workshops will be scheduled. Incomplete forms will be returned and may result in a delayed booking.**

**Please use as many copies as you need of this sheet.**

Workshop Title:  
Teacher:  
Grade:  
# of Students:  
Class time:  
Room:

Please list 3 date choices below, in order of preference:

- 1.
- 2.
- 3.

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Workshop Title:  
Teacher:  
Grade:  
# of Students:  
Class time:  
Room:

Please list 3 date choices below, in order of preference:

- 1.
- 2.
- 3.