

# VISIT SCHEDULING

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**DATE CHOICES:** 1<sup>ST</sup>

2<sup>ND</sup>

3<sup>RD</sup>

**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- 2<sup>ND</sup> \_\_\_\_\_

3<sup>RD</sup> - 6<sup>TH</sup> \_\_\_\_\_ 7<sup>TH</sup> - 12<sup>TH</sup> \_\_\_\_\_

**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 LUNCHROOM 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