thinktank
Birmingham science museum

NAME OF SCHOOL:		
ADDRESS (inc post code):		
Status: State Independent Other Local Education Authority :		
SCHOOL STAFF BOOKING VISIT:		
Contact telephone numbers:		
1st, 2nd or 3rd PREFERRED DATE OF VISIT:		
Fax number:	e mail:	
Age/Year group of children:		
Numbers in the group: (N.B. Minimum 1 adult required to 10 children key stage 2 +. Prefer 1 adult to 6 children key stage 1).	Adults:	Children:
SPECIAL EDUCATIONAL NEEDS:		
Learning Difficulties PMLD : [ ]SLD: [ ] MLD: [ ]Autistic Spectrum [ ] Comments:	Sensory Impairment Visual [ ] Auditory [ ] Multi Sensory [ ] Comments:	Are any of the group wheelchair users? [ ] Any other requirements:
TIME OF ARRIVAL:	TIME OF DEPARTURE:	
Curriculum Topics to be covered during visit: Notes:~		
Do you have any specific learning objectives? Yes No If so, what?		

WORKSHOPS REQUIRED:

SCIENCE SHOWS REQUIRED:

PLANETARIUM SHOW REQUIRED:

IMAX SHOW REQUIRED: