

## Classroom Connections Enrollment Form

### School Information

Application Date:

Name of School:

School Address:

City:

State:

Zip Code:

School Phone Number:

School Fax Number:

NYC Public School:

DOE Region #:

Private or Catholic School:

### Public Transportation Directions

Subway:

Bus:

### School Contact Information

Name of Principal *(Required)*:

Name of Primary Contact or Coordinator *(Required)*:

Primary Contact Phone Number *(Required)*:

Day:

Evening:

Cell:

E-Mail:

Name(s) of Classroom Teacher *(Required)*:

Teacher's Phone Number *(Required)*:

Day:

Evening:

Cell:

E-Mail:

### Classroom Information

Number of Students:

Grade:

Age Range:

Day of Visit (M-F):

Time of Visit:

Duration of Visit:

Program Start Date:

Program End Date:

Class Subject::

Area of Study/Unit of Focus:

Additional Comments:

#### Indicate Any Student Special Needs *That the Educator Should Be Made Aware Of:*

Number of Students with Developmental Challenges/MR:

↪ Indicate Level of Functioning: High / Moderate / Low

Number of Students with Hearing Impairment:

↪ Indicate Level of Functioning: High / Moderate / Low

Number of Students with Physical Mobility Challenges/ Wheel Chair:

↪ Indicate Level of Functioning: High / Moderate / Low

Number of Students with Sight/ Visual Challenges:

↪ Indicate Level of Functioning: High / Moderate / Low

Specify Any Other Considerations We Should Take Into Account: