

Roper Mountain Science Center 2017–2018 Scheduling Request Form

Please note:

For Grades 4 – 12 you will be scheduled for TWO learning labs/day unless you check HERE ______ indicating you only want one learning lab.

Mail form to:

Roper Mountain Science Center Education Office 402 Roper Mountain Road, Greenville, SC 29615 **Or fax form to:** 864.355.8950 or 8948

Registration Deadline September 4, 2017

School:		
District: If not Greenville County Public School		
Mailing/Billing Address: Required if not Greenville County Public School		
City:	State:	Zip:
Phone:	Fax:	

Please rank (1-9) the months you prefer to visit. Do not rank months you are not willing to attend ____ Sept. ____ Oct. ____ Nov. ____ Dec. ____Jan. ____Feb. ____ Mar. ____Apr. ___ May

Teacher One

Name:		
E-mail: Plea	first se print clearly	last
		_ 🛛 Check here for no picnic
First Grade)	
	ade (please rank)	
Third Grad	-	
List learning like to attend Please do n	d in order of preference	evel (Grades 4 — 12) you would ce with 1 being your first choice. bu aren't willing to attend.
2		
3		
4		

Teacher Two (sharing bus)

Name:			
first	last		
E-mail: Please print clearly			

Grade: _____ # Students: _____ 🗅 Check here for no picnic

First Grade

Adventure Day

Second Grade (please rank)

Option A **or** Option B

Third Grade

SC In A Day

Fourth - Twelfth (please rank)

List learning labs in YOUR grade level (**Grades 4 – 12**) you would like to attend in order of preference with 1 being your first choice. Please **do not** list learning labs you aren't willing to attend.

1.	
2.	
3.	
4.	

Special education teachers: Please list the instructional level of students and any special requirements.