



# Educational Visit Booking Form

SCHOOL NAME

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SCHOOL ADDRESS

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POSTCODE

BOROUGH

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TELEPHONE

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E-MAIL

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NAME OF GROUP LEADER (TEACHER)

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### School Type

(Please tick one box)

Infant

Junior

Secondary

Special

Home Schooling

University

- Is your group a special needs class within an inclusive school? **YES** | **NO**

PREFERRED DATE OF VISIT

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PREFERRED TIME OF VISIT - (If you are bringing just one class, please provide a choice of two times – we have a morning and an afternoon session. If you are bringing two classes, it is usually better to bring them both on the same day)

**1** (10.30 – 11.30)

**2** (13.00 – 14.00)

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NO. OF PUPILS VISITING

KEY STAGE

YEAR OF GROUP

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NO. OF TEACHERS VISITING

NO. OF ADULT HELPERS VISITING

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(Please note that we require a minimum of three adults for every thirty pupils)

### WHICH OF THE FOLLOWING SCIENCE CENTRE DEMONSTRATIONS WILL YOU REQUIRE?

Please visit our website [www.benjaminfranklinhouse.org](http://www.benjaminfranklinhouse.org) for more information about the Student Science Centre

- Discovering the nature of lightning
- Inventing the armonica
- Investigating canals

### | RETURNING YOUR FORM |

The Education Manager will contact you to discuss all the arrangements.

Contact **Sally Brewer** at:

Benjamin Franklin House, 36 Craven Street, London WC2N 5NF Telephone +44 (0) 207 839 2013

Email: [education@benjaminfranklinhouse.org](mailto:education@benjaminfranklinhouse.org)