

SCHOOL	
DATE(S)	ARRIVAL TIME DEPARTURE TIME
YEAR / CLASS(ES)	NUMBER OF STUDENTS (Min 1:10 Max 1:5 unless special needs)
TEACHERS NAME(S)	NUMBER OF SUPERVISING ADULTS
TEACHERS PHONE FAX	TEACHERS EMAIL CONTACT
WHAT TIME IS SUITABLE TO CONTACT YOU BY PHONE (IF REQUIRED)	

Reason for visiting the Alice Springs Desert Park with your school group:

Recreational Educational Schools Program: please indicate which one _____

Resources are available at: www.alicespringsdesertpark.com.au & <http://asdpeducation.wikispaces.com>

If your visit is for educational purposes please complete the following:

Do you require guide assistance Yes – please continue No – please go to question 1

If you require guide assistance please indicate your needs below:

- Additional information sent to you regarding
- Plants _____ Animals _____
 - Culture _____ Careers _____
 - Desert Farm _____

- A guide presentation. (\$30 per 30 minutes, up to 30 students or one class per session. Over 30 Students requires an additional guide at an additional cost). Alternatively, enquire about our free public daily guide presentations.

1. What do your students already know? (This may include students' prior knowledge or things that you will have studied in your unit of work prior to your visit)

2. What do you want them to know? (What are the big picture concepts and understandings that you are teaching your students in this unit of work?)

3. How do you think a visit to the Desert Park will support your students' learning in this area?

I have read and understand the code of conduct information found on the Desert Park website <http://www.alicespringsdesertpark.com.au/education/schools.shtml>

Principal's Name _____

Principal's Signature _____ Date _____

PLEASE RETURN THIS BOOKING FORM VIA FAX TO (08) 8951 8720 OR EMAIL TO asdp@nt.gov.au
Booking confirmation will be sent via email.