**\* ACCESSIBLE ACCOMMODATIONS REQUEST FORM\***

|  |  |
| --- | --- |
| Field Trip /Date Requested |  |
| School Name |  |
| Street Address |  |
| City |  | School Zip |  |
| School Phone |  |
| Contact Name |  | Contact Cell Phone |  |
| Contact Email |  |
| # of Classes: |  | # Students Per Class: |  | Total # of Students: |  |
| # of Chaperones: |  | Grade(s) |  |
| We require a wheelchair accessible bus | ☐Yes | ☐No | # of wheelchair users |  |
| We require wheelchair accessible seating | ☐Yes | ☐No | # of wheelchair users |  |
| We require Assistive Listening Devices | ☐Yes | ☐No | # of individuals requiring ALDs |  |
| We require an ASL Interpreter | ☐Yes | ☐No | # of individuals requiring ASL |  |
| We require Open Captioning | ☐Yes | ☐No | # of individuals requiring OC |  |
| We require noise cancelling headsets | ☐Yes | ☐No | # of individuals requiring noise cancelling headsets |  |
| We require Large Print materials | ☐Yes | ☐No | # of individuals requiring LP |  |
| We require Braille materials | ☐Yes | ☐No | # of individuals requiring Braille |  |
| We require Audio Description | ☐Yes | ☐No | # of individuals requiring AD |  |
| Other Needs (please explain) |  |
| Approved By (principal’s Signature): |  |