

**HERITAGE IN SCHOOLS SCHEME 2008
BOOKING FORM**

Please Photocopy this Form and keep the Original

Send Booking Form to: **Heritage in Schools Scheme
County Sligo Heritage Office
Sligo County Council
Riverside, Sligo**

Name of Heritage Specialist:

Date of Visit:

Duration of visit: half day

full day

The visit will be to class group(s):

Number of children:

The schools expectations of this visit are:

We/I confirm that the class teacher will be present at all times and that the Heritage specialist will not be left alone at any time with the pupils: *(Please sign)* _____

We/I confirm that, as an invited visitor, The Heritage Specialist is covered under the school's public liability insurance: *(Please sign)* _____

Is your school designated disadvantaged? (as per DES Guidelines) Yes

No

Has your school availed of the Heritage in Schools Scheme in the past? Yes

No

Signed:

Principal/Teacher (Print name)

School Name:

School Address:

Roll No:

School Telephone Number

Name of contact teacher if different from above:

Contact No:

Date: