Locations & Times Available:
At the ACT Studio:
Monday & Friday: 8am-3:30pm
Tuesday, Wednesday, Thursday: 1-3:30pm

At your school:
Monday-Friday: 8am-3:30pm

ACT
Artists Creating Together

Field Trip Application

January 6-May 29, 2020 / Next school year: October 2020-May 2021

Requests must be received no later than 1 month in advance.

Once your application is processed, ACT will follow up to discuss all details including your specific art form.

School and Classroom Teacher Information (*required*):

Teacher Name/Primary Contact Name _____
School Name _____
School Address _____City, State, Zip _____
Classroom Phone_____ School Office Phone _____ Cell/Home Phone_____
E-mail _____Preferred Contact Method _____ Best time to contact you _____
Number of teachers attending _____ Number of classroom aides attending _____
Number of parents/guardians/volunteers attending _____

Student Information (*required*):

Number of students in class _____ Number of students in a wheelchair _____ Number of students using a walker_____
Number of students with an IEP _____ Number of students with a 504 Plan _____

Please list any accommodations your students may need:
_____

Type of exceptional students **(please indicate the NUMBER of students in each category. If students have more than one disability, please indicate the number of all that apply):**

_____Autism Spectrum Disorder _____Blind/VI _____Cognitive Impairment _____Deaf/HI
_____Emotional Impairment _____Other Health Impairment _____Physical Impairment _____Traumatic Brain Injury
_____Severe Multiple Impairment _____Speech & Language Impairment _____Specific Learning Disability
_____Other (please list): _____

Chronological age range _____ Developmental age range _____

Demographic Information: **(please indicate the NUMBER of students in each category - used for funding requests)**

	RACE	**ETHNICITY**	
_____ Male	____ Hispanic/Latino	____ Black/African American	____ Caucasian
_____ Female		____ American Indian/Alaskan Native	____ Asian
		____ Native Hawaiian/Pacific Islander	____ Other

Check your preferred location: ☐ ACT Studio ☐ School

List your priority choices 1, 2, 3 for your preferred visit time.

At ACT/your school M & F: _____8:00-9:30am _____ 10:00-11:30am _____ 12:00-2:30pm_____ 3:00-4:30pm _____ Other: _____
At ACT/your school T, W, TH: _____ 1:00-2:30pm_____ 1:30-3:00pm _____ 2:00-3:30pm _____ Other: _____

List your priority choices for your preferred visit date.

1. _____ 2. _____ 3. _____

List your priority choices 1, 2, 3 for your preferred art form.

_____Visual Arts (drawing, painting, collage, photography, ceramics, culinary, print-making) _____ Performing Arts (theater, improv)
_____ Music (drumming, singing, instrumental) _____ Creative Movement (dance, yoga) _____ Other: _____

Return to ACT: *Email*: coordinator@artistscreatingtogether.org *Mail*: 1140 Monroe Ave NW, Ste 4101; Grand Rapids, MI 49503
Questions: contact Program Coordinator, Krista Pischner-Coon at 616-885-5866 or coordinator@artistscreatingtogether.org