Please check all that apply:

Early Start_____ Late Start_____ SAGE School Y_____ N_____ Year Round Y _____ N _____

SURVIVE ALIVE HOUSE FIRE EDUCATION CENTER
REQUEST FOR INFORMATION FORM

Date _____

Please complete and return form to the Survive Alive House as soon as possible. via mail or fax (414) 385-3244. If you have any questions please call (414) 385-3240. PLEASE BRING A CURRENT CLASS LIST THE DAY OF THE TRIP.
MPS POLICY STATES TEACHERS SHOULD HAVE A CLASS LIST ON A FIELD TRIP.

Please print clearly.

School Name_____ Phone_____

Address _____ Principal_____

Contact Person_____ Job Title_____

Email address _____

Please list below *all* your 2nd and 5th grade including split classes

Teacher Name	Grade	#Students	# of Wheelchairs	Office Use