



Request for Access to School Facilities & Resources

PERSONAL IDENTIFICATION

Date of request:	Level of Instruction:
Student's Full Name:	
Student's date of birth:	Permanent Code:
Parent's Name:	
Address:	
Phone number:	Email:

Please review your Learning Project before checking off the appropriate box(es). School facilities and resources requested must align with the objectives set in the Learning Project. The Learning Project must accompany the request.

SCHOOL FACILITIES

Gym Library Science Area

Please complete a form for each activity.

Title of the activity
Description of activity
Resource(s) required to complete the activity