**\* 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): | | |  | | | | | | | |