



## Application Form

1. Teacher name: \_\_\_\_\_

2. School: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. City/Town/Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_

4. School phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

5. Name of school board: \_\_\_\_\_

Private Charter  Home School  Other: \_\_\_\_\_

6. Grade level: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_  
(one homeroom class per week)

7. Program runs from September to June

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

- **Attach a 1 to 2 page proposal describing your plan to cover curriculum objectives using this week-long experience**
- **A condition of acceptance is attendance at a 2-day training in-service held in August**
- **Program Fee is \$700.00 per class**
- **Transportation costs are covered by the Legislative Assembly Office**

**Mail or fax to:**

School at the Legislature  
Legislative Assembly of Alberta  
Pedway Mall, 10820-98 Ave.  
Edmonton, AB T5K 2N6  
Ph: 780-415 -8935 Fax: 780-427-0980  
email: [satl@assembly.ab.ca](mailto:satl@assembly.ab.ca)

**For further information visit our website at: [www.assembly.ab.ca/visitor](http://www.assembly.ab.ca/visitor)**