

1. Give your school information

Name of school: _____

Civic address: _____
_____ Postal code: _____

Mailing address: _____
(if different) _____ Postal code: _____

Phone number: _____ Fax number: _____

2. Interested Programs Check all programs that you are interested in participating in

- Chick Hatch Apples – Healthy Eating Initiative Canadian Agriculture Literacy Month
Spring Fall March

3. Answer the following questions

What Centre for Education is your school located in? _____

What Grade level(s) will be participating in the program? _____

How many classes will be participating in the program? _____

How much class time is available for our staff to lead activities (if applicable)? _____

What curriculum outcomes do you expect to meet with this project? _____

4. Sign below

Teacher applicant

Name: _____

Phone: _____

Email: _____

Signature: _____

Principal

Name: _____

Phone: _____

Email: _____

Signature: _____

5. Return the form to

Regional Programming
Nova Scotia Department of Agriculture
74 Research Drive, Bible Hill, NS B6L 2R2
Email: Ag.education@novascotia.ca
Phone: 902-893-6575 Fax: 902-893-2757

Questions? Ag.education@novascotia.ca

For Staff Use Only
Authorized signature: _____
Date: _____

