

Agriculture in the Classroom

Program Application Form



1. Give your school information *(please print)*

Name of school: _____

Complete Mailing Address: _____

Civic Address *(if different from above)*: _____

Phone Number: _____ Fax Number: _____

2. Give preferred dates for project *(Program runs from March to June)*

3. Answer the following questions

• What topics are you interested in? _____

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

• How much class time is available for our staff to lead activities? _____

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

4. Sign below

Applicant

Name *(please print)*: _____

Phone: _____ Email: _____

Signature: _____

Principal

Name *(please print)*: _____

Phone: _____ Email: _____

Signature: _____

5. Return the form to:

Agricultural Education Liaison
Nova Scotia Department of Agriculture
74 Research Drive
Bible Hill, NS B6L 2R2
Phone: 902-893-7495 • Fax: 902-893-2757

FOR STAFF USE ONLY

AUTHORIZED SIGNATURE

DATE

Questions? AgEducation@novascotia.ca