

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

Name of school: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### 2 Please check off programs that you are interested in participating in:

Program Name	Grade(s)	Time of Year	Interested (Yes)
All About Apples	P-3	Fall	
Chick Hatch	P-6	Spring	
Canadian Agriculture literacy Month	3	Spring	
Little Green Sprouts	2-5	Fall	
Ag Zone (Field Trip)	7	TBA	
Hydroponic Strawberries	9 (Science)	Spring	
genAg	9	Fall	
Journey 2050	9-12	anytime	
OTHER, ie: book, career kit, etc.			

3 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? \_\_\_\_\_

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

\_\_\_\_\_

### 4 Applicant Name

*(please print):* \_\_\_\_\_

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

Signature: \_\_\_\_\_

### Principal

Name *(please print):*

\_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_

### 5. Return the form to:

Regional Programming NS Department of Agriculture 74 Research Drive, Bible Hill, NS B6L 2R2

Phone: 902-893-6575 • Fax: 902-893-2757 \* Email: [Ag.Education@novascotia.ca](mailto:Ag.Education@novascotia.ca)