



This document is 2-SIDED!

"Inspiring a Passion for Learning"

SOUND Marine Education Program
Group Information Form

Please complete this form and email the information to educationdirector@salish.org,

Group/School Name: _____

Teacher/Organizer: _____ E-mail: _____

School Phone #: _____ Home/Cell Phone #: _____

Secondary Contact: _____ E-mail: _____

School Phone #: _____ Home /Cell Phone #: _____

Grade/Age of Students: ____/____ School District: _____ ESD _____

of Students: female _____ male _____ # of Adults: female _____ male _____

Mailing address: _____

City _____ State _____ Zip _____

County: _____ Free & Reduced lunch % of school: _____

Billing Address (if different from above): _____

City _____ State _____ Zip _____

School/Group Type (circle one): Public Private Home Other _____

Students Attending SOUND Program :

ETHNICITY	# OF STUDENTS
African American	
Asian American	
Caucasian	
Native American	
Latino	
Other	
Total # in Class	

School Program Planning & Logistics

Is your school currently aligned with NGSS?

Please list your Goals & Objectives in relation to SOUND Marine Education Program.

Briefly describe the coursework conducted in class to prepare students for SOUND Program:

Please list available times/dates for 2 pre-trip classroom visits:
(plan 90 min. for each visit within 2 weeks of sail)

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Considering a class synthesis project and potential involvement in the spring Salish Science Symposium, what are your desired outcomes? (i.e. PowerPoint Presentation, Report, Poster, etc.):

Confirm Sailing Expedition Logistics

Confirm Expedition Date(s): _____

Departure Marina _____ Bus/Car Arrival Time _____

Arrival Marina _____ Bus/Car Departure Time _____

A/V Equipment Available in Classroom (Laptop, Projector, speakers, etc.): Yes No

Are you/ your school a Salish Alum? Yes No

Travelling by bus? Yes No

Bus Line Phone Contact: _____

Emergency Contact – Education Director On-call Cell Phone: 206.715.0312

Boat Cell Phone (available for teachers on Day of Trip): 206.715.0423