



# EASTCONN MOBILE STEM LAB APPLICATION

*NOTE: Please read the "Important Information" handout prior to filling out this STEM Lab application. This handout can be found in the "Forms" section of our website.*

## SCHOOL INFORMATION

School or Site Name: \_\_\_\_\_

School/Site Address: \_\_\_\_\_

School/Site Phone Number: \_\_\_\_\_

## TEACHER CONTACT INFORMATION

Full Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Principal or Director Name: \_\_\_\_\_

Principal or Director E-Mail Address: \_\_\_\_\_

## ADDITIONAL INFORMATION

Grade Level: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Special Needs/Requirements: \_\_\_\_\_

Date Range for STEM Lab Visit: \_\_\_\_\_

(official date will be decided after teacher training)

Preferred Program or Lesson: \_\_\_\_\_

*Please confirm and check YES that there is adequate/safe parking and turn-around space for the STEM Lab truck and trailer:*

*(The truck and trailer are 40 feet long by 20 feet wide)*

YES  SIZE \_\_\_\_\_