

School Visit Request Form, 2016-2017

Please submit this request form at least one month prior to your requested date.

School: _____

(Each teacher should submit a separate form.)

School Address: _____

Teacher's Name: _____ **Title:** _____

Phone: Area Code () _____ **Fax:** () _____

E-mail: _____

Grade level/Class size: _____

Content of presentation : _____

Please indicate date(s) and time(s) in order of preference. Visits can be scheduled between 10:00 am and 4:00 pm.

1st choice: Date _____ Time _____

2nd choice: Date _____ Time _____

3rd choice: Date _____ Time _____

AV equipment availability

DVD Player Yes () No ()

Digital Projector Yes () No ()

Please e-mail this request to: the Senior Coordinator for Educational Affairs:
steven.goldman@sr.mofa.go.jp