Schools & Communities Visit - 2019/20

International Schools Booking Request Form

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**Please read the accompanying** [**guidelines**](https://www.hrp.org.uk/media/2362/tol_internationalschoolsbookingsguidelines1920.pdf) **before completing the booking request form.**

*(Please note that this subsidised schools rate does* ***not*** *include admission to the Maze of Magic Garden)*

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| --- | --- | --- | --- | --- | --- |
| **Name of Agency/School** |  | | | | |
| **Address** |  | | | | |
| **Postcode** |  | | **Country** | |  |
| **Finance Contact Name** (Title, forename, surname) |  | | | | |
| **Finance Contact Email** (This is where your invoice and booking confirmation will be sent) |  | | | | |
| **Group/School Name** (Only applicable if booked via an agency) |  | | **Telephone Number** |  | |
| **Visit Organiser Name** |  | | | | |
| **Visit Organiser Email** |  | | | | |
| Please tick this box to receive the latest news, offers and stories from Public Engagement at Historic Royal Palaces. To find out more about how we collect and use personal data, please see Historic Royal Palaces' [Privacy policy](http://www.hrp.org.uk/privacy-and-cookie-policy/) | | | | | |
| We may combine (non-personal) data about your school with information from the government's school census to understand more about the demographic profile of the schools visiting us. This helps us to develop our schools service to reach a wide range of schools. | | | | | |
|  | | | | | |
| **Date of Visit** | **1st Choice** | | **2nd Choice** | | **3rd Choice** |
| Click here to enter a date. | | Click here to enter a date. | | Click here to enter a date. |
| **Time of Arrival** (Your group must arrive before 15:00) |  | | | | |
|  | | | | | |
| **Number of Pupils** (aged 5-15) |  | | **Age of Pupils** | |  |
| **Number of Students** (aged 16+) |  | | **Age of Students** | |  |
| **Do you have any pupils/students who require 1:1 support?** | Yes  No | | **If yes, how many?** | |  |
| **Please provide details of their SEND requirements** (Learning/behaviour/physical – no names required) |  | | | | |
| **Total number of adults – Including 1:1 support adults** (You must meet our minimum ratio for supervision, please see the booking form guidelines for details) |  | | | | |
|  | | | | | |
| **Type of Visit - You must select one of the options below.** | | | | | |
|  | | | | | |
| **A –** *I want my group to take receive the International Activity Trails* | | | | | |
| **International Schools Activity Trail** |  | | | | |
| **Please choose a language** | **English as a foreign language (EFL)** | **French** | | | **German** |
|  |  | | |  |
| **B -** *I want my group to take part in an International Schools Tour* | | | | | |
| **International Schools Tour (EFL/ESOL) – Guided by a costumed presenter** | (Maximum of 35 students per time slot. If you have more than 35 students you **must** tick more than one time slot) | **Preferred timeslot/s** | | | 10.30  11.45  13.15 |

Please email your completed form to [hamptoncourtlearning@hrp.org.uk](mailto:hamptoncourtlearning@hrp.org.uk)