

FENWAY HIGH SCHOOL

Visitor Program Application

Visitor(s)

Name of school or organization:

Number of people in visitor group:

Contact name:

Contact address:

Contact telephone:

Contact email:

Name and title (if teacher, subject matter taught) of every visitor in group:

Date requested _____

Fees

\$150 per person, prepaid 10 workdays in advance. Per person fee for groups of five or more is \$125.

Amount due: _____

Will your group pay by check or Purchase Order? (no cash or credit cards)

Contact name, phone, email, fax for payment processing:

Focus of Visit

What has led you and/or your group to request this visit?

What key questions/area of focus will you be investigating during your visit?