



**MIDDLE SCHOOL 6th Grade Bullying Prevention Workshops
Fall 2017 Application**

School Name: _____

School Address: _____

Contact Person & Title: _____

Email: _____

Best phone # to reach you: _____

Best time to reach you: _____

Please do your best to answer the following questions- I realize many of your answers will be estimates, don't worry- I will confirm all of these details once the 17-18 school year begins.

We would like to schedule workshops for (#) _____ 6th grade students.

We will need to cover (#) _____ classes.

We will run the workshops through (subject) _____.

SCCT can send more than one facilitator to your school on the dates requested in order to cover 6th grade classes that occur simultaneously.

How many facilitators will you need to cover your classes? _____

(For example, if you have three 6th grade teams and are running the workshop through social studies, we would need to send three facilitators to cover the overlapping classes.)

Please list your preferred dates. Note: this program will run on Wednesdays and Thursdays:

1st choice: _____ 2nd choice: _____ 3rd choice: _____

*At the start of the new school year I will send an email requesting your 6th grade bell schedule as well as the specific teachers' classroom schedules including times for their planning period. I will also need to gather demographic statistics. *You do not need to send this now.*

COST: \$50 per workshop. An additional travel fee of \$1 per mile round trip will be added for all schools outside of Greenville County. An invoice will be sent in August 2017.

Please return form to Lauren Imhoff by scan or fax.

Email - lauren@scchildrenstheatre.org

Fax- 864.235.0208

ATTN: Bullying Prevention