

Region 16 ESC
Video Conference Field Trip request form
For use by contracted Districts only
Use one request form for each program requested.

ESC16 USE ONLY
_____ requested
_____ scheduled
_____ PO
_____ SS
_____ online
_____ others

Please complete the following information:

Site Coordinator: Irene Morales

Email address: irenemorales@herefordisd.net - (806)363-7600

District: Hereford ISD (if more than 1 site, indicate which to use here)

BB NW HJH

Name of Program Provider: _____

Website: _____

Name of specific program desired: _____

Shipping Address for kits (if needed)

601 N. 25 Mile Ave., Hereford, TX 79045

The probability of scheduling a program will increase if multiple dates/times are given: Submit 3 different Dates and Times.

1st Choice Date: _____ Time: _____

1st Choice Date: _____ Time: _____

1st Choice Date: _____ Time: _____

If these dates/times cannot be scheduled, alternatives will be returned to you.

Check one:

Interactive ONLY

View-only acceptable if interactive is not available.

Class Information:

Grade Level of Students Attending Conference: _____

Number of Students Attending Conference: _____

Teacher(s) Name: _____

Teacher Email: _____

I acknowledge that my district will be charged for this trip even if I cancel prior to the event