

## **School Information Form**

Please send this form to **Spruce Lake Outdoor School** at least <u>TWO weeks prior</u> to your arrival.

School			Prograi	n Dates	S					
Staff Information			Student Numbers (Please itemize by grade when applicable.)							
	Coordinating tea	cher(s) name(s):		<u>Grade</u>		<u>Female</u>	<u>Grade</u>	<u>Male</u>	<u>Female</u>	
	Number of additi	onal participating staff and adults:								
	Male	Female	-							
Spiritu	al Themes, Top List any themes	ics & Biblical Passages or topics you will be including during	g your time							
Specifi	c Objectives for Please include so	r Program chool, academic, spiritual and socia	al objectives	3						
Prayer	Requests List any specific	orayer concerns in relation to your s	school and/	or progra	am					
In orde		better, please indicate if anyo	ne in you			-		_		
	Anxiety Disorder  Autism ()			4	L P	Physical Limitation (specify)  o Adult				
	Learning Disabilities (specify)		A C			o Student				
	·				🛚 т	eam Conflict	/Cliques			
	○ Listening	Difficulties	PIN		LJ u	Inkindness /	Disrespect	(pattern/	continued)	
	_	significant event in the life of a child	that may s	affect the	air Spru	ce I ake evne	rience?			
	is there a recent	significant event in the me of a office	a triat may t	ancot the	л Орга	oc Lake expe				
Notes a	and/or commen	ts for Spruce Lake staff								
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