

# School visit form

Contact name:

School Name:

Contact email address:

Contact phone number:

Contact postal address (including  
postcode):

Number of visitors:

Details of any specific user  
requirements:  
(e.g. Limited mobility, sight  
impairment, hearing impairment  
etc)

Preferred date and time - 1st  
choice:

Preferred date and time - 2nd  
choice:

Preferred date and time - 3rd  
choice:

## For Office Use only

Date form received:

Electronic/ postal:

Initial date and time offered:

Date accepted:

Further date and time offered:

Date accepted:

Confirmation by group:

Booking complete: