

# Group Profile Required

*Due at least 4 weeks prior to visit  
Please check [www.gsmit.org/school\\_group\\_adventures](http://www.gsmit.org/school_group_adventures) for the most current posting of forms*

School \_\_\_\_\_ Dates scheduled \_\_\_\_\_

**Teachers:** Please provide us with complete and accurate information about your group, preparations, needs, and expectations. This will help ensure that your visit is the most rewarding experience possible. Please take the time to complete the following questions, adding any additional information you feel may help us to better prepare for your visit. Attach additional pages if necessary. Thank you very much!

*What specific goals and expectations do you have for your group's visit to Tremont?*

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*What specific topics and concepts have you and the other teachers covered in the classroom that you would like the Tremont staff to expand upon with your students?*

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*How many adults accompanying the group have previously attended a Tremont program? \_\_\_\_\_*

*How many of your teaching staff have attended a Tremont teacher workshop this year? \_\_\_\_\_*

*Please list the names of the adults who will be attending and the lessons/activities they will teach:*

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*How would you characterize your school and its community?*

**School:**     Private     Public     Religious affiliate     Magnet     Other  
**Community:**     Rural     Suburban     Urban

*Please list any medical concerns that would be helpful for Tremont staff to know prior to leading a group (ex. severe allergies, no parent permission for over the counter drugs (benedryl), impaired mobility, physical limitations, behavior or emotional imbalances that may affect classes). All information is shared only with Tremont staff as needed. If necessary use a separate sheet.*

Name	Teaching Group	Medical Concern
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*What is the name and phone number(s) of your school/home emergency contact person?*

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*What is the name of your emergency vehicle driver? \_\_\_\_\_*

*If you use your bus as an emergency vehicle, what is the driver's name, where will he/she stay, and at what phone number can he/she be reached? \_\_\_\_\_*