



## Sponsored Admissions Program Application

Print and **complete** this application and mail to Zoo Atlanta attention Sponsored Admissions Program 800 Cherokee Ave SE Atlanta, GA 30315 or fax to (404) 624-5974. **\*\*\*Two contacts are required** for this application process.

1. First Contact Name (first and last) \_\_\_\_\_

2. First Contact Phone Number \_\_\_\_\_

3. First Contact Email Address \_\_\_\_\_

4. Second Contact Name (first and last) \_\_\_\_\_

5. Second Contact Phone Number \_\_\_\_\_

6. Second Contact Email Address \_\_\_\_\_

7. School Name \_\_\_\_\_

8. School County \_\_\_\_\_

9. School's Complete Address \_\_\_\_\_

\_\_\_\_\_

10. Number of Children Attending \_\_\_\_\_

11. Number of Teachers/Chaperones Attending: (Only 1 teacher/chaperone per 10 students will be admitted at no cost; any other adults visiting the Zoo with your school group will be required to pay the regular field trip admission price.) \_\_\_\_\_

12. Is your school a Title I school? \_\_\_\_\_

13. What percentage of your students are on free or reduced lunch? \_\_\_\_\_

14. Attach classroom lesson plans to your application indicating the academic relevance of your Zoo visit.

15. In **500 words or less**, please describe some of the challenges that prohibit your group from visiting the Zoo and why this opportunity would benefit your class/individual school group.

Please direct all questions or concerns to [education@zooatlanta.org](mailto:education@zooatlanta.org).

My signature below indicates that the information provided is accurate and complete to the best of my knowledge. I understand that submitting an application does not guarantee acceptance into the Sponsored Admissions Program at Zoo Atlanta. If registered for a self guided field trip, I understand that it is necessary to fill out the **evaluation** form provided to all customers in the email reservation summary. This form is to be mailed back to Zoo Atlanta at the address listed above. If your name appears on the application as **first or second contact you are required to sign the application**.

**NOTE:** If application is turned in without all completed requirements, your request will not be considered and you will be required to re-submit the application including all necessary requirements.

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First Contact Signature

Date

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Second Contact Signature

Date

800 Cherokee Avenue, S.E., Atlanta, GA 30315-1440 phone 404.624.5600  
facsimile 404.627.7514 [www.zooatlanta.org](http://www.zooatlanta.org)