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| --- | --- |
| **School/college name** |  |
| **Address** |  |
| **Telephone(s)** |  | **LEA** |  |
| **Email(s)** |  |
| **Main contact****booking name** |  |
| **Payment contact email**  |  |
| Payment Options, please indicate which payment option you would prefer; (1) to be made by card in advance of the visit – 01225 477785 (refunds will be provided)(2) by card on the day by telephone – 01225 477785 (3) invoice after visit, please complete New Debtors Form and return to us along with completed booking form.  |

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| **Number of students** | **Age** | **School year** | **Total number of adults** | **First Aider** | **Lunchroom required** |
|  |  |  |  | **Yes/No** | **Yes/No** |
| Please advise us of any specific requirements – special needs, first language, wheelchair user etc.  Please note: For any child requiring 1:1 carer, the child would be charged standard entry and the carer is FOC |
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| TEACHING SESSION DETAILS (max 35 people *including teachers)***Please ensure you have at least 2 adults in each teaching session to keep the children on task and to manage the group effectively. *Teaching Sessions held in Roman Baths Clore Learning Centre, entrance Swallow Street*** |

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| **Key Stages** | **For session info see: romanbaths.co.uk/schools** | **✓ to select** |
| EYFS Preschool/Reception **age 3-5** | **Brilliant Bladud –** Bladud’s pigs and Roman artifacts |  |
| KS1/KS2 (90 mins) **age 7-11**  | **Unearthing Aquae Sulis –** Life in a Roman Town |  |
| KS3 (60 mins) **age 11-14**  | **Interpreting Aquae Sulis –** Evidence of Roman Daily Life |  |
| KS3/4 (60 mins) **age 11-16** | **Understanding Aquae Sulis** – Bathing & Belief in a Roman Town |  |
| KS4 (60 mins) **age 11-16** | **2,000 years of medicine –** Romans to the present day |  |
| KS4/5 (60 mins) **age 16 plus**  | **Bathing & Beauty** |  |
| KS4/5 **age 16 plus**  | **Branding the Roman Baths** |  |
| International Students (60 mins) | **Getting a Job in a Museum** |  |

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| **First choice of date** |  | **Teaching session time(s)** |  | **Arrival time** |  |
| **Second choice of date** |  | **Teaching session time(s)** |  | **Departure time** |  |

**PLEASE RETURN THIS FORM TO:** **romanbaths\_bookings@bathnes.gov.uk**

