



Residential Program Details

Once this form is received by The Leadership School, the Program Director will contact you to discuss school climate, program goals, special needs, and any other concerns or questions regarding the program . . . or you can directly contact the Program Director, Mike Hampton, at mikeh@kieve.org to initiate the discussion.

School or Program Name: _____ **Program Dates:** _____

Contact Person: _____ **Title:** _____

Contact's School Email: _____

Contact's School Phone: _____ **School Fax:** _____

Emergency School Contact Number (non-school hours): _____

Principal / Head of School: _____

School or Program Address: _____
Street City State Zip

Anticipated Arrival Time: _____ (after 9am) Anticipated Departure Time: _____ (typically 12pm)

Anticipated Number of Participants: _____ (Total) _____ (Boys) _____ (Girls)

Anticipated Number of Teachers Overnight: _____ (Total) _____ (Male) _____ (Female)

Anticipated Number of Teachers Daytime Only: _____ (Total) _____ (Male) _____ (Female)

Would you like us to include a Teacher Workshop during the program? YES or NO (Circle One)
Workshops offer skills and initiatives building on The Leadership School experience.
Teachers will learn techniques, tools, and activities that can be integrated into classroom curriculum. "Contact Hours" are available.

Would you like us to include a Parent Workshop on the final day of the program? YES or NO

Anticipated Number of Parents who will attend the Parent Workshop: _____

Community Newspaper(s) for Press Releases:

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____