

APPLICATION FOR TANKS IN SCHOOLS PROGRAM

NOTE: PLEASE PRINT, COMPLETE FORM AND EMAIL TO: INFO@CORALGROUP.ORG

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|---|--|---|---|
| How did you learn about the "Tanks In Schools Program"? | | | |
| <input type="checkbox"/> CORALGROUP.ORG Website | <input type="checkbox"/> Other Schools | <input type="checkbox"/> Aquarium Clubs | <input type="checkbox"/> Local Aquatic Store |
| School Information | | | |
| School Name: | | | |
| Address: | | District: | |
| City: | | State: | ZIP Code: |
| Phone Number: | | Fax Number: | |
| Principal's Name: | | TIN #: | |
| Phone: | | Email: | |
| Requestor Information | | | |
| Requestor's Name: | | Position: | |
| Phone: | | Teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Fax: | | Email: | |
| Planned Location of Aquarium Tank | | | |
| Address: | | Building/Classroom #: | |
| City: | | State: | ZIP Code: |
| Contact Name: | | Phone: | |
| Phone: | | Email: | |
| Questionnaire | | | |
| Yes | No | | |
| Administration Support & Funding | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this aquarium have the support of school Administration? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there money budgeted to provide supplies and upkeep of the aquarium? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving donations from other sources to support the aquarium? | |
| Operation, Environment & Access | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | During school holidays and summer breaks, will the aquarium be left running? | |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, does someone familiar with the aquarium have physical access? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the school HVAC turned on during Summer break? | |
| <input type="checkbox"/> | <input type="checkbox"/> | If not, how will you keep the aquarium cool? | |
| Aquatics Experience | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently have an existing aquarium in your school? | |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, please describe briefly in the explanations section below: (size, inhabitants, age, successes, problems) | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you looking to install a new aquarium? | |
| | | If so, what size? | <input type="checkbox"/> Fish Only <input type="checkbox"/> Reef <input type="checkbox"/> Mixed (Fish & Reef) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or another staff member experienced in aquatics? | |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, please describe briefly in the explanations section below. | |
| Student Education | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you tying any lesson plans to your aquarium? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will students be involved with aquarium care, maintenance and feeding? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you looking to try a breeding program? | |

| Location | | |
|---|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Will this aquarium be located in a common space (Yes) or a classroom (No)? If already installed, please state the same. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a quarantine tank (QT) established for new or sick animals? |
| Explanation(s): _____ _____ _____ _____ _____ | | |
| Type of Support Seeking | | |
| <input type="checkbox"/> Monetary | Amount? | For what purpose? |
| | Payable to School District Name: | |
| <input type="checkbox"/> Livestock | Type of fish, coral or invert? | |
| | Preferred size? | |
| <input type="checkbox"/> Products | Product Category | Write In Specific Brand or Type |
| | <input type="checkbox"/> Water testing products? | |
| | <input type="checkbox"/> Lights or lighting supplies? | |
| | <input type="checkbox"/> Heater or chiller? | |
| | <input type="checkbox"/> Skimmer? | |
| | <input type="checkbox"/> Salt mix? | |
| | <input type="checkbox"/> RODI Unit? | |
| | <input type="checkbox"/> ATO? | |
| | <input type="checkbox"/> Sump? | |
| | <input type="checkbox"/> Tank? | |
| | <input type="checkbox"/> Stand? | |
| | <input type="checkbox"/> Medications or QT needs? | |
| | <input type="checkbox"/> Other requested items? | |
| Date Items Needed: | | |
| Do you require assistance and/or consultation with your aquarium(s) needs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please add any comments below regarding your request for support: | | |
| Requestor's Name: <i>Please Print</i> | | |
| Signature of Requestor: | Date: | |
| School Administrator's Name: <i>Please Print</i> | | |
| Signature of School Administrator: | Date: | |