



Return to CAPS by fax or mail

Fax: 516. 621-3767

CAPS, PO Box 176, Roslyn, NY 11576

516. 621-0552 ext. 303 or 302

**2015/2016 HIGH SCHOOL
PROGRAM REQUEST FORM**

Call CAPS to confirm your program dates!

School _____ District _____

Contact _____ Title _____ Phone (____) _____

E-mail _____

1. WHICH CAPS PROGRAM(S) WOULD YOU LIKE TO SCHEDULE?

CAPS student programs are at no cost to schools. Scheduling is on a first-come basis. Please call ext.303 to confirm your program dates. To arrange parent programs call ext. 305 and for faculty and staff development, call ext. 307 to confirm your program dates.

PROGRAM	FOR GRADE (<i>circle</i>)	NUMBER OF CLASSES
<input type="checkbox"/> Date/Acquaintance Rape Prevention (2 sessions)	9 10 11 12	
<input type="checkbox"/> SurfSafe! (Internet Safety—1 session)		9
<input type="checkbox"/> Child Abuse Prevention (1 session)	9 10 11 12	

Call x305 for information on our PARENTING PROGRAMS and x307 for FACULTY / STAFF DEVELOPMENT.

2. WHEN WOULD YOU LIKE CAPS TO VISIT YOUR SCHOOL? NOTE THAT PROGRAMS ARE NOT AUTOMATICALLY SCHEDULED UPON SUBMISSION OF THIS FORM!! Call to confirm your program schedule.

First Choice Dates

Alternate Dates