

# FEE Malta Programmes - Application Form

## Scholastic Year 20\_\_ - 20\_\_



<b>Name of School</b>			
<b>Name of Head of School</b>			
<b>School Address</b>			<b>Postal Code:</b>
<b>Level</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Middle <input type="checkbox"/> Secondary <input type="checkbox"/> Primary/Secondary <input type="checkbox"/> Post secondary <input type="checkbox"/> Special School		



Contact Teacher's Name	Responsible for	Teacher's email address
	<input type="checkbox"/> EkoSkola <input type="checkbox"/> LEAF <input type="checkbox"/> YRE	
	<input type="checkbox"/> EkoSkola <input type="checkbox"/> LEAF <input type="checkbox"/> YRE	
	<input type="checkbox"/> EkoSkola <input type="checkbox"/> LEAF <input type="checkbox"/> YRE	



<b>Tel. Nos.</b>			
<b>School Email</b>			
<b>Web site of school</b> (if applicable)	www.		
<b>School Blog</b> (if applicable)	www.		

<b>No. of teachers in the school</b>		<b>No. of KAs in the school</b>	
<b>No. of LSAs in the school</b>		<b>No. of students in the school</b>	

The annual membership fee of **€15.00** entitles you to participate in **all** the FEE programmes (*mark your selection below*).



<b>EkoSkola</b>	For all schools	<input type="checkbox"/> First time application	<input type="checkbox"/> Renewal
<b>LEAF</b>	For all schools	<input type="checkbox"/> First time application	<input type="checkbox"/> Renewal
<b>YRE</b>	For students between 11 and 21-years-of-age	<input type="checkbox"/> First time application	<input type="checkbox"/> Renewal
<b>Press Kids</b>	For students between 7 and 10-years-of-age	<input type="checkbox"/> First time application	<input type="checkbox"/> Renewal

Cheques payable to **Nature Trust (Malta)** should be sent with this application to this address:

**Prof Paul Pace**  
**FEE Programmes Co-ordination**  
**Room 327, Faculty of Education,**  
**University of Malta**

School rubber stamp

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



**Endorsement by Local Council** (Optional but recommended)

On behalf of the Local Council of \_\_\_\_\_, I would like to offer the Council's support for activities aimed at promoting these programmes in our community.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature and rubber stamp \_\_\_\_\_

**For office use:**

Payment by cheque no.:  VAT Receipt no.:  By Cash: