



## Engineer in Residence (EIR) Program School Application

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By completing this application, you are registering to become an **EIR School**. The EIR Program Office will use the information you provide to match your school with one of our volunteer engineers. Volunteer engineers and their teacher/partners attend a 1-day orientation session in late September or early October. The EIR Program covers replacement costs. You will receive more information about this once you have been matched with an engineer. All EIRs are asked to undergo a police check. You can also apply online at [www.eir.ca](http://www.eir.ca).

<b>School Contact Information</b>
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1. Please provide the following contact information:

<b>SCHOOL INFORMATION</b>	
Principal Name	
School name	
Number and Street	
Province and City	
Postal Code	
Telephone number	
Fax number	
Principal's email address	
School Board	

2. Please indicate whether your school is a...

- |         |         |   |
|---------|---------|---|
| 1. JK-6 | 4. K-8  | 7. 9-12                                   |
| 2. JK-8 | 5. 6-8  | 8. Other ( <i>please specify</i> ): _____ |
| 3. K-6  | 6. K-12 |   |

3. Is your school a...

- |                  |                    |
|------------------|--------------------|
| 1. Public school | 2. Separate school |
|------------------|--------------------|

4. Approximately how many students are there at your school? (*Please write in number below*)

\_\_\_\_\_

5. Approximately how many teachers are there at your school? (*Please write in number below*)

\_\_\_\_\_

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<b>EIR Program Information</b>
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6. To help the volunteer engineer integrate into the school community, the EIR Program asks that the school provide the EIR access to a phone, desk, and mailbox. Please indicate what type of facilities would be provided to the EIR while they are onsite.
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7. The EIR Program requires one teacher to act as a primary contact teacher, to be EIR's liaison into the school and to help with the coordination of this program. Please indicate the name of this teacher, as well as their specialty (if applicable) and grade levels that they teach. If able, please also name a Deputy Contact Teacher to ensure program continuity. Naming a Deputy is not mandatory for the EIR program.

	<b>Primary Contact Teacher</b>	<b>Deputy Contact Teacher</b>
<b>Teacher's Name</b>		
Telephone number		
Fax number		
Email address		
Grade level(s)		
Area of specialty		

8. Why do you want your school to be involved in the EIR program?

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Other
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12. Is your school involved in any school support programs or business-education partnerships?

1. Yes

2. No

*If yes, please list*

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Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for taking the time to complete this application.  
We appreciate your interest in the EIR Program.**

**Please return this application by Mail or Fax**

**To**

**The EIR Program Office**

**c/o The Impact Group**

**78 Sullivan Street**

**Toronto, Ontario**

**M5T 1C1**

**Phone number: (416) 481-7070**

**Fax number: (416) 481-7120**

**[www.eir.ca](http://www.eir.ca)**