

DISCOVER PARENTING 2018

TEACHER REGISTRATION FORM

Please choose one or both categories.

Discover Parenting

Action Project

TEACHER REGISTRATION FORM - by March 20, 2018

To participate in USEP-OHIO's *Discover Parenting* project, please fill out the information requested below as completely as you can. Each entrant must have a registration form. Please choose one or both categories.

Teacher's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

School Name _____ School District _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ School Fax _____

School Email _____

State Senator _____

State Representative _____ (See Legislative Directory)

Local Newspaper _____

Address _____

City _____ State _____ Zip _____

I teach: GOALS GRADS FCCLA CHILD DEVELOPMENT

Other, please specify _____

I expect to teach approximately _____ students this year.

I will teach *Discover Parenting* to _____ classes.

I have taught *Discover Parenting* for _____ years.

Other information USEP-OHIO should be aware of:

Return to: USEP-OHIO; 7514 Slate Ridge Blvd; Reynoldsburg, Ohio 43068 or Fax 614-868-9755 or email usepohio@usep-ohio.org