

Great Expectations
On-Site Training Enrollment Form
Sequoyah Public Schools
July 6-9, 2010

First Name: _____ Last Name: _____

Birthdate: (mm/dd) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Email: _____

School Information

District Name: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Fax#: _____

Grade Level: _____

T-Shirt Size: S M L XL 2XL 3XL

Class Choices (Please check one)

- Lower Elementary Methodology (PK-2) (First-time participants)
- Upper Elementary Methodology (3-5) (First-time participants)
- Secondary Methodology (MS-HS) (First-time participants)
- Electives (Returning participants)

Please return this form to:

Great Expectations
Fax: 918-458-2338

Deadline: May 21, 2010



Transforming Lives Through Education®