

**SCHOOL-LEVEL ACADEMIC REVIEW TRAINING
REGISTRATION FORM**

School Division _____

Suggested team make-up: assistant superintendents, directors of instruction, Title I coordinators, content area specialists, special education coordinators, principals, assistant principals

NAMES OF TEAM MEMBERS	POSITION	SUMMER MAILING ADDRESS	PHONE	E-MAIL ADDRESS	FAX #

Please check below the training the team will attend:

_____ July 27-28 (Regions 5, 6, and 7)

_____ August 10-11 (Regions 1, 4, and 8)

_____ August 17-18 (Regions 2 and 3)

- **Confirmation information, including specific site locations and times, will be mailed or faxed no later than 5 days prior to the scheduled training**
- **Special accommodations or dietary requirements? _____yes**
Please explain:

If you have questions, please contact Marsha Owens at (804) 692-0250 or by e-mail: mowens@mail.vak12ed.edu

Please complete and FAX this form at least 10 days prior to the scheduled training to: April Duran: (804) 786-9763