



Project Read®
Registration Form

The information requested on this form is required for reporting purposes to the state and federal governments. Please complete optional fields that are marked with an asterisk (*) at your discretion.

Full Name _____ SS# _____

Mailing Address: _____

Home Phone _____ Work Phone _____

Cell Phone _____ email _____

Date of Birth ____/____/____ Race* _____ Gender _____

Religious Affiliation* _____

School _____ County _____

Circle the grade that you teach below:

Classroom K 1 2 3 4 5
Special Needs K 1 2 3 4

Are you a currently enrolled or have you ever taken classes at Southern Wesleyan University? _____

Indicate the course for which you are registering:

EDUC 5833 – Structure and Format of Language for the Elementary Classroom
(Reading Comprehension) – SWU Main Campus – July 20 - 24

EDUC 5853 – Word Function in Sentence Structure and Paragraph Development
(Written Expression) – SWU Main Campus – July 27 - 31

I understand that in order to receive credit for this course my registration form and payment must be received by Southern Wesleyan University no later than the first day of class.

Signature

Date

If you have questions please contact Barry Burnett at WilliamBurnett@pickens.k12.sc.us.

Please mail registration form, a copy of your teaching certificate, and a check for \$50.00 made payable to Southern Wesleyan University to the address below.

Southern Wesleyan University
School of Education
PO Box 1020
Central, SC 29630