

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 Addres	ss:									
Home Phone _			Work Phone							
Cell Phone			E-mail							
Date of Birth _	J	/ Race*			*	Gender				
Religious Affilia	ation*									
School			County							
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Classroom	K	. 1	2	3	4	5				
Special Needs	K	1	2	3	4	5				
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		Loca ^s Start	tion: So Date: N	uthern \ ⁄Ionday,	Vesleya June 27	n Univers 7, 2016	ity-Charlest End Date:	ementary Teachers on Campus Thursday, June 30 From 8:30 AM-4	, 2016	
I understand tha Southern Wesle						. •	ation form an	nd payment must be r	eceived by	
 Signature						_	Date			
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If you have questions please contact Dr. Hawanya Amaker at hamaker@swu.edu or (864)644-5343.

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 Dr. Hawanya Amaker, Project Read Coordinator PO Box 1020 SWU Box 1815 Central, SC 29630