

Registration Form for EPA's SunWise Program

Your Name: _____

How did you learn about SunWise? _____

About Your School

Please select **your position** at school: Teacher Nurse Counselor

PTA member Principal/Administrator School District Employee

Student Teacher Substitute Teacher Other: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ County: _____

Your E-mail : _____

School Web site: _____

Is your school: Public Non-charter Private Charter

Grade(s) you teach: Pre-K K 1 2
3 4 5
6 7 8
9-12

Subjects you teach: Science Social Studies Math English ESL Health

School Nurse Physical Education Env. Studies Other: _____

Estimated number of **total** students in your school: _____

Number of students **you plan to teach** SunWise in a year: _____

How do you plan to use the kit (i.e., on testing days as a fun break for students, during our solar unit, or at the beginning of outdoor activities, during rainy day P.E. activities, etc.)? _____

INCOMPLETE FORMS MAY NOT BE PROCESSED

Attachment 1a

Language: English Materials **OR** Spanish Materials?

In keeping with the EPA's commitment to program evaluation, are you willing to be contacted periodically regarding SunWise? Yes No

INCOMPLETE FORMS MAY NOT BE PROCESSED

Information collection via this form is authorized by OMB Control No. 2060-0439