

# 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

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