

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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