

CORE KNOWLEDGE WORKSHOP INFORMATION

Workshop and Shipping Information - Please print and fill out this form completely

School Name _____ District _____

Shipping address _____
(This address cannot be a post office box, it must be a physical address)

Attn. _____
(person who is **responsible** for receiving materials and making sure they are available for the workshop)

City _____ State _____ Zip _____

Materials arrive 3 - 6 days prior to the workshop. Someone must be available to sign for materials or UPS **will not deliver**.
Shipping questions should be referred to the shipping department at 800-238-3233 ext. 229 or 247.

Training Requested _____
ie: Getting Started; Autonomy, Social Skills, and Work Habits; Phonemic Awareness; Using Children's Literature; etc.

Contact Information

Contact Person _____ Position _____

Contact person's email _____

Principal's name _____ **School Phone #** _____
(if different from contact person's name)

School Fax # _____

After hours phone number _____ Name _____
(used for emergencies if needed) (after hours contact person)

Date(s) of Workshop _____

Location of workshop _____

Workshop Hours: _____
(usually the contract hours of your school day or professional development day)

*All scheduling changes must be received in writing. Workshops scheduled less than three weeks prior to the first day of the workshop are subject to an additional charge of 10%. **Workshops are considered scheduled when this completed form, signed confirmation, and purchase order number are received.***

Participants

Total # of staff members attending training _____

Please indicate the number of workshop participants per grade level.

____ PreK ____ K ____ 1st ____ 2nd ____ 3rd ____ 4th ____ 5th ____ 6th ____ 7th ____ 8th ____ other
(ie: sped, music, art etc.)

Demographics

Urban Suburban Rural Magnet Charter Private Public Magnet # students enrolled _____
(Circle one) (Circle one)

Ethnic Breakdown ____ % AA ____ % A ____ % C ____ % H ____ % NA ____ % other
(African Am.) (Asian) (Caucasian) (Hispanic) (Native Am.) (_____)

Free and reduced lunch _____ %

Travel Information

Airport nearest your school _____
(You may list more than one option)

Amount of driving time from the airport to your school _____

Recommended hotel convenient to your school _____

Hotel Phone number or street address _____

Your Core Knowledge contact person is **Julian Molitz** Phone: 434-977-7550 Ext. 352 Fax: 434-977-0021