Miami-Dade County Public Schools
The Parent Academy Workshop

Date _____ **Time** _____ **Workshop** _____ **Location** _____ **Instructor** _____

Please PRINT clearly! Please list every child and school he/she attends. If child is not in school, please list age.

Name of Parent	Email	Telephone Number	Name of Student	Name of School

Please mail the original sign-in sheets to The Parent Academy office at Mail Code 9619, room 226

Please be advised you may be photographed or video taped at this event for use by the media, brochures, videos, and on TPA Web site.