

The Parent Academy

Request for Workshop

Name of School/Organization: _____ Regional Center: _____

Principal's Name: _____ Feeder Pattern: _____

School Liaison: _____ Title/Position: _____

Phone: _____ Fax: _____ Email: _____

Workshop Title	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate if:

The Parent Academy will provide instructor School will provide instructor

Please check our Workshop Directory at www.theparentacademy.net



Please fax this form to The Parent Academy office at 305-523-0505.
Please call 305-995-2680 for questions or more information.

