

# Registration Form for EPA's SunWise Program

How did you learn about SunWise? \_\_\_\_\_

## About Your School

Please select **your position** at school: ☐ Teacher ☐ Nurse ☐ Counselor

☐ PTA member ☐ Principal/Administrator ☐ School District Level Staff

☐ Student Teacher ☐ Substitute Teacher ☐ Other: \_\_\_\_\_

**Your** Name: \_\_\_\_\_

**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.)? \_\_\_\_\_

**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

**INCOMPLETE FORMS MAY NOT BE PROCESSED**

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