

Nevada State



Parent Information & Resource Center

Workshop Title: _____

Presenter (s): _____

Date: _____

Location: _____

<p>Please check one:</p> <input type="checkbox"/> Parent Involvement Facilitator/Liaison <input type="checkbox"/> Teacher <input type="checkbox"/> Librarian <input type="checkbox"/> Counselor <input type="checkbox"/> Administrator <input type="checkbox"/> Secretary <input type="checkbox"/> Community Member <input type="checkbox"/> Other <p>Are you bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/> What language(s) do you speak:</p>	First Name:	Last Name:	Address:	City:	Zip:	Phone:
	Email:	District Name:	School Name:	<p>Type of School:</p> <input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Middle/Junior <input type="checkbox"/> High School	<input type="checkbox"/> Other Configuration (K-12, 6-12) <input type="checkbox"/> Charter School <input type="checkbox"/> Private School Title I School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If attending this workshop as a Parent (or other family member), please tell us about your child...					
Child's Name:						
<p>Does your child receive Free/Reduced Lunch?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	<p>Parent's Race or Ethnicity (optional):</p> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Latin American <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____	<p>How did you hear about this workshop?</p> <input type="checkbox"/> Email <input type="checkbox"/> Mailing <input type="checkbox"/> Conference <input type="checkbox"/> Media <input type="checkbox"/> Other: _____	<p>Would you like to be added to our mailing list and email list serve?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		