

MIAMI-DADE COUNTY PUBLIC SCHOOLS
Office of Professional Development
“Classroom Management with Harry and Rosemary Wong”
REGISTRATION FORM

PARTICIPANT INFORMATION

Teacher Name: _____	Employee No. _____
School Name: _____	Location No. _____
Telephone Work: _____	School Fax: _____
Electronic Mail Address (School Mail preferably) : _____	
Certification Area : _____	() In-Field () Out-of-Field
Current Teaching Assignment: _____	

ELIGIBILITY

I understand that this **online** professional learning course is limited to classroom teachers completing their first year of teaching. I also understand that the goal of this course is to create a Classroom Management Action Plan Binder. I am enrolling in this course voluntarily and I understand that I will not be eligible to enroll without confirmation.

Teacher's Signature _____ *Date* _____

CONFIRMATION (Via School Fax/Email)

<input type="checkbox"/>	You have been selected to participate in the “Classroom Management with Harry and Rosemary Wong” online course.
<input type="checkbox"/>	Due to enrollment capacity, we were unable to enroll you in this course

Completed Forms should be faxed/mailed to
Ms. Cindy Caldwell, Instructional Supervisor
cincaldwell@dadeschools.net
WL #9017
Or
FAX – (305) 995-1921