

## Project Read® Registration Form

The information requested on this form is required for reporting purposes to the state and federal governments. Please complete optional fields that are marked with an asterisk (\*) at your discretion.

Full Name			SS#							
Mailing Addres	s:									
Home Phone _					Wo	rk Phon	e			
Cell Phone					E-	mail				
Date of Birth/		/	/		Race*			Gender		
Religious Affilia	ntion* _									
School			County							
Circle the grade	a that w	ou tas	ich halou	,.						
Classroom					4	5				
Special Needs										
Are you a curre	ently en	rolled	or have	vou eve	r taken c	lasses at	t Southern '	Weslevan	University?	
Indicate the co Graduate Cour	urse for	whic								
Audit Grad C	redit									
		Loca Star	ation: So t Date: Ja	uthern \anuary 2	Wesleya 25, 2016	n Unive	rategies for r <b>sity – Cent</b> 2/22, 2/29	ral Campu End Date:	s Clas February 2	sroom 118 29, 2016
I understand tha Southern Wesley							ration form	and payme	nt must be r	eceived by
 Signature		 Date								

If you have questions please contact Dr. Hawanya Amaker at <a href="mailto:hamaker@swu.edu">hamaker@swu.edu</a> or (864)644-5343.

Please mail registration form, a copy of your teaching certificate, and a check for \$50.00 made payable to Southern Wesleyan University to the address below.

Southern Wesleyan University Dr. Hawanya Amaker, Project Read Coordinator PO Box 1020 SWU Box 1815 Central, SC 29630