

School Registration Form

APEL Summer Reading Program

Contact Information

School Name _____

Address _____

Phone _____ Fax _____

Web site _____

Designate a contact for the APEL Summer School Program

Name _____

Title _____

Phone _____ Email _____

Your School	Your District
Current Enrollment _____	District Enrollment _____
Grades served _____	How many schools in your district Elem. _____ Middle _____ High _____
	City/Town Population _____
What percent of students in your school...	What percent of students in your district...
Qualify for free lunch _____%	Qualify for free lunch _____%
Qualify for Special Education _____%	Qualify for Special Education _____%
Hispanic _____%	Hispanic _____%
Native American _____%	Native American _____%
Asian _____%	Asian _____%
Black _____%	Black _____%
White _____%	White _____%

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Please answer all questions in detail. Use additional paper if needed.

Where will your APEL Summer Reading Program be delivered?

School Public Library Home Other _____

List everyone who will monitor the students reading reports. (include parents, librarians and teachers)

name	title	email or phone
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name	title	email or phone
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name	title	email or phone
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Does your school plan to use the Glencoe Study Guides as an instructional component of the APEL Summer Reading Program? **Yes/No**

Please describe in as much detail as possible all other direct instruction the students will receive during summer school. (ie. phonics, ReadWriteThink, SRA, Renaissance Learning, Reading Writing Workshop, etc.)