

# The Parent Academy

## Workshop Request Form

Name of School/Organization: \_\_\_\_\_ Regional Center: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Feeder Pattern: \_\_\_\_\_

School Liaison: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Workshop Title	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate if:

- The Parent Academy will provide instructor     School will provide instructor

*This form must be signed by the school principal before a workshop can be scheduled.*

Principal's Signature: \_\_\_\_\_

**Please fax this form to The Parent Academy office: 305-523-0505**  
**For more information please call 305-995-2680**

