

School Enrichment Registration Form

Teacher/Contact Information

School Name: _____

Teacher Name: _____

E-mail Address: _____ Grade: _____

Telephone: _____ Classroom #: _____

Classroom Demographics

Total Number of Students: _____

Racial Distribution

Male: _____

Female: _____

Student Allergies/Special Needs (Please List):

White:

Black:

American Indian or Alaskan Native:

Asian:

Native Hawaiian/Other Pacific Islander:

Hispanic:

Multi-Racial:

Total:

Please return this information to:

Shaina Spann

Phone: 904-259-3520

Email: slbennett@ufl.edu

4-H Youth Development Agent

Baker County Extension

1025 W. Macclenny Ave.

