



PORTS Parks Online Resources for Teachers and Students

Registration Form

School Name	County	State (if not California)
School District	Technology Contact Name	
Teacher Contact Name	Technology Contact E-mail	
Telephone Number	School Administrator Contact Name	
E-mail Address	School Administrator Contact E-mail	

Grade Level

K	1	2	3	4	5	6	7	8
9	10	11	12					

Program Topic	Total Participating Students
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Program Date(s) (Preferred)	Program Date(s) (Optional)
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Program Times *Please include teacher names if more than one teacher are participating.

Notes

Choice Two

Grade Level

K	1	2	3	4	5	6	7	8
9	10	11	12					

Program Topic

Total Participating Students

Program Date(s) (Preferred)

Program Date(s) (Optional)

Program Times *Please include teacher names if more than one will be participating.

Notes

Choice Three

Grade Level

K	1	2	3	4	5	6	7	8
9	10	11	12					

Program Topic

Total Participating Students

Program Date(s) (Preferred)

Program Date(s) (Optional)

Program Times *Please include teacher names if more than one are participating.

Notes