

Team Registration Form

The Indiana Academy for Parent and School Leadership[®]

An Academy team of five includes:

1. A minimum of 3 **parents** (parents who are not paid by the school and whose children attend the school),
2. At least 1 **school staff**,
3. The 5th team member may be a parent, school staff member, or community partner.

This form must include ALL team information before submitting. Please make sure all participants have read the Academy brochure before signing up as a team member.

Name of School _____
 Address of School _____ City _____ Zip Code _____
 Phone _____ Fax _____
 Principal Name _____ Principal Email: _____

Team Member Contact Information	
PARENT NAME Name _____ Work Phone _____ Cell Phone _____ Home Phone _____ Address _____ City _____ Zip _____ Email _____ Signature of parent _____	PARENT NAME Name _____ Work Phone _____ Cell Phone _____ Home Phone _____ Address _____ City _____ Zip _____ Email _____ Signature of parent _____
PARENT NAME Name _____ Work Phone _____ Cell Phone _____ Home Phone _____ Address _____ City _____ Zip _____ Email _____ Signature of parent _____	STAFF NAME Name _____ Title _____ Work Phone _____ Cell Phone _____ Email _____ Signature of staff _____
STAFF NAME or Additional Parent Name _____ Title _____ Work Phone _____ Cell Phone _____ Email _____ Signature of staff/parent _____	COMMUNITY PARTNER NAME or additional Parent/Staff Name _____ Work Phone _____ Cell Phone _____ Address _____ City _____ Zip _____ Email _____ Signature of comm. Partner/other _____

Principal Authorization

Principal Signature _____ Date _____

Submit completed Application along with Payment Form to: 317-205-9790 (fax) or mail to:
 921 E. 86th Street, Suite 108 ~ Indianapolis, IN 46240. If you have questions, contact Stacy Mathis at 317-205-2595.

Payment Form

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Cost for each team is \$5,000. Purchase order or payment in full is due by July 31, 2009.

The Academy includes 4 training sessions, a panel review session, and a celebration luncheon. The fee includes all training costs. Childcare stipends of \$25 per session are available for team members who qualify.

Contact Information	
School Name	
Address	
City / State / Zip	
Phone	
Principal Name	
School District Name	
Region (circle one)	North Central South

Payment	
Amount Enclosed	\$
Payment Method (circle one)	Check Purchase Order (attach copy)
Funding Source (e.g. Title I, other Federal Funds, Extracurricular funds, Private funds, Business, Church, PTO/PTA, Staff development)	

Please fax this form with your completed application to 317-205-9790. Also, mail this document with payment to The Indiana Partnerships Center, 921 E. 86th Street, Suite 108 ~ Indianapolis, IN 46240. If you have any questions, please contact Stacy Mathis at 317-205-2595 or smathis@fscp.org.