

**Registration Form for “Substitute Teacher Orientation Training Program”**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

E-mail address (**required for confirmation**): \_\_\_\_\_

Class Date: \_\_\_\_\_  \$100 Registration Fee  \$30 Handbook (optional)

Method of Payment:  
 Cash  Check  Money Order

**Please make check/money order payable to Medina County Schools**

Visa  Master Card Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_ Amount: \_\_\_\_  
3-Digit Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Located on the back of the card.)

Please complete this registration form and return, along with the registration fee to:  
**Medina County Schools’ ESC, Attn: Janelle Sailer 124 West Washington Street, Medina, OH 44256**