Fall/Winter 2014-2015 Staff Development Registration Form

Name:	Social Security No.:	Social Security No.:		
Home Address: check if new address	City	State	Zip	
Home Phone:	Daytime Phone:			
School District of Employment:	E-mail Address:			
Position Held & School Building:	Date of Birth:			
Are you taking for semester hours? Yes No	Catalog Delivery Preference:	Hard Copy	Electronic	
Method of Payment:				
☐ Cash ☐ Check ☐ Money Order Please make check/money orde	er payable to Medina County Schools.			
☐ Visa ☐ MasterCard Card Number:	Exp. Date:	Amount:		
3-Digit Security Code (Located on the back of the car	rd.) Signature:			
Face-to-Face (Online Courses	•			

Workshop number (4-digit number listed next to title)	Face-to-Face Workshop Title	Registration Fee/ Out-of-District Fee	Book Fee (if applicable)

Fall/Winter 2014-2015 Staff Development Registration Form (Continued from previous page.)

Online Courses

Online Course Title	Session (check one)		Fee (check one)		Out-of-District Fee				
			☐ 0 Semester Hours (2.4 CE	Us) \$105	*\$105				
	1 0/15/14	1 01/21/15	☐ 1 Semester Hour Ashland	University \$235	*\$260				
	1 1/12/14	1 02/18/15	2 Semester Hours Ashland	d University\$410	*\$460				
	1 2/10/14	3 03/18/15	☐ 1 Semester Hour Universi	y of Akron \$235	*\$260				
			☐ 2 Semester Hours Univers	ity of Akron \$410	*\$460				
			☐ 0 Semester Hours (2.4 CE	Us) \$105	*\$105				
	1 0/15/14	1 01/21/15	☐ 1 Semester Hour Ashland	University \$235	*\$260				
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	1 2/10/14	3 03/18/15	☐ 1 Semester Hour University of Akron\$235		*\$260				
			☐ 2 Semester Hours Univers	ity of Akron \$410	*\$460				
PLEASE ANSWER THESE QUESTIONS (ONLY IF YOU A	RE REQUESTII	NG SEMESTER HOURS FOR <u>O</u> I	ILINE COURSES.					
Other names under which you have registered at Ashland University or The University of Akron:									
Gender: 🗖 male 🗖 female 🗎 Ethnic Origin: 🗖 Black or African American 🗖 American Indian or Alaska Native 🗖 Asian 🗖 Hispanic or Latino 🗖 White									
I have at least a bachelor's degree: ☐ yes ☐ no College/University: Date Awarded:									
I have a valid teaching certificate/license: ☐ yes ☐ no ☐ Date Ohio Residence Established:									
- 1.12.12 12.12.13.23.11.19 25.11.11.23.13.11.25.12.12.12.13.12.13.13.13.13.13.13.13.13.13.13.13.13.13.	2 21110 1 100100	= = = = = = = = = = = = = = = = =		ay	Year				

Please complete this registration form and return, along with the registration fees, book fees (if applicable), and online semester hour fees (if applicable). Send all registrations to: Medina County Schools' ESC, Attn: Janelle Sailer, 124 West Washington Street, Medina, Ohio 44256.

Medina County Schools' ESC 9/26/2014