

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.

