



TEACHER TRAINING COURSES APPLICATION AND REGISTRATION FORM

please PRINT your name below exactly as you want it to appear on your Certificate of Completion

first name middle initial last name

home address _____ apt # _____ city _____ state ____ ZIP _____

home phone: () _____ cell [optional] () _____ school phone: () _____

school name: _____ school location: _____

current permit or license: none permit (expiration date: _____) provisional license (expiration date _____)

previous courses taken: course # _____ month /year _____ course # _____ month/ year _____

1. I hereby register for the Teacher Training Course(s), location(s) and dates indicated below:

Course I Basic Methods of Occupational Instruction Location: _____ Dates _____

Course II Intermediate Communication in the Classroom Location: _____ Dates _____

Course III Advanced Class Management Location: _____ Dates _____

ESL I Introduction to Teaching ESL Location: _____ Dates _____

ESL II Performance Skills Development Location: _____ Dates _____

2. Coalition (CNYSCS) Member School? yes (Tuition & Fees: \$245) no (Tuition & Fees: \$320)

TERMS AND CONDITIONS

1. Tuition and Fees for all courses must be prepaid. Notice of cancellation or transfer must be made at least 24 hours before the scheduled class start. There are *no refunds or credit* once classes have begun.
2. Each participant must complete the full 30 clock hours of the course. No makeup is permitted for the first session of any course. At the Coalition's discretion, one absence for a later session may be made up within one year of the date of absence. Makeup class tuition is \$50.
3. Certificates of completion will be issued only upon satisfactory completion of all classes, coursework, exams and assignments and full payment of tuition and fees. Failure to meet all requirements may result in a failing grade and require repetition of the course at full fee.
4. In the event of insufficient enrollment, courses may be canceled prior to the scheduled start date.
5. Each class meets for 7½ instructional hours between 8:00 a.m. and 5:00 p.m. unless otherwise scheduled.

3. I have read, understood and agree to abide by the above terms and conditions:

Signature _____ Date: _____ HOW TO

COMPLETE YOUR REGISTRATION BY MAIL

- Complete and sign this registration form. **You may fax the form to 347 475-0495.**
- Payment must be made by check or money order payable to **COALITION Teacher Training**
- Mail form and payment to: **Coalition Teacher Training Dept, c/o Mitchell, 86-75 Midland Parkway, 4L, Jamaica Estates, NY 11432.**
- Upon receipt, you will be sent a confirmation of your registration listing exact times and school address.

*IF YOU HAVE ANY QUESTIONS, CALL THE TEACHER TRAINING DEPARTMENT TOLL-FREE
AT 1-800-400-5987. DO NOT CALL A SCHOOL OR THE STATE EDUCATION DEPARTMENT*