University of Virginia
Spring 2006 Reading Academy Registration Form

Location: Hampton Center
Dates: Feb 11, March 11, April 29, May 20

Registering for which Grade Level *(circle one)*: Grade 1 or Grade 2

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Participant Name: ________________________________________
School District: __________________________________________
School Name: _____________________________________________
School Address: ___________________________________________
School Phone: _____________________________________________
School Email: _____________________________________________
Position (teacher*, administrator, etc.)__________________________
*What grade do you teach? __________________________________
*What basal do you use if any? _________________________________
Home Address: _____________________________________________
Home Phone: ______________________________________________
Home Email: _______________________________________________

Please fax your registration form to: 434-924-6339

Classes limited to 25

UVA Reading First
PO Box 400763
Charlottesville, VA 22904-4763
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Fax: 1-434-924-6339
Email: readingfirst@virginia.edu
Website: www.readingfirst.virginia.edu