SCICON

Clemmie Gill School of Outdoor Science and Conservation
Tulare County Office of Education

TEACHER REGISTRATION FORM

Week Attending_____ School _____

Name _____ Date of Birth _____
Home Address_____ School Telephone _____
City_____ Zip_____ Home Telephone _____
Cell Phone Zip_____

Person to contact in case of emergency:
(1) Name_____ Home Telephone_____
Address_____ Business Telephone_____
Cell Phone Number _____
(2) Name_____ Home Telephone_____
Address_____ Business Telephone_____
Cell Phone Number _____

Are you taking a daily medication?_____ If yes, what medicine? _____
For what condition?_____
Do you take other medications at times?_____ If yes, what? _____
For what conr w?_____