STUDENT REGISTRATION FORM—SOUTH CENTRAL REGION, ACPE

This form shall be completed and sent to the Regional Director at the beginning of each CPE unit. This form is in addition to the required Student Unit Report.

☐ FALL ☐ WINTER ☐	SPRING	SUMN	1ER 🔲 1	EXTENDED			
DATES OF UNIT:							
NAME OF CENTER/CLUSTER/SYSTEM:							
LOCATION OF UNIT:							
On-site at Center Community or Parish-based off-site at							
Name of Supervisor(s) (including Supervisory Candidate) providing supervision for this unit:							
Registered with ACPE as a Student Member: Ye		s No					
Student Information	Program Type	Gender	Race	Religious Identity			
Name (f-m-l)							
Address	□СРЕ	□ M					
City./State/Zip	□ g :						
Phone	Supervisory	□F					
E-Mail							
Name (f-m-l) Address	□СРЕ	□ M					
	☐ CPE	□ IVI					
City./State/Zip Phone	☐ Supervisory	□F					
E-Mail	supervisory	🗆 ¹					
Name (f-m-l)							
Address	□СРЕ	\square M					
City./State/Zip							
Phone	☐ Supervisory	□F					
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Name (f-m-l)							
Address	□СРЕ	\square M					
City./State/Zip							
Phone	☐ Supervisory	☐ F					
E-Mail							
Name (f-m-l)							
Address	□СРЕ	□M					
City./State/Zip	☐ Supervisory	□F					
Phone E-Mail	Supervisory						
Name (f-m-l)							
Address	□СРЕ	□ M					
City./State/Zip							
Phone	☐ Supervisory	□F					
E-Mail							
Name (f-m-l)							
Address	□СРЕ	□M					
City./State/Zip Phone	Supervisory	□F					
E-Mail	☐ Supervisory						

Create date: 12/06 Revised date:

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Phone	☐ Supervisory	□F					
E-Mail	□ Supervisory						
Name (f-m-l)							
Address	☐ CPE	\square M					
City./State/Zip							
Phone	☐ Supervisory	□F					
E-Mail							
Name (f-m-l)							
Address	□СРЕ	□M					
City./State/Zip Phone	☐ Supervisory	□F					
Phone E-Mail	□ Supervisory						
Name (f-m-l)							
Address	□СРЕ	\square M					
City./State/Zip							
Phone	☐ Supervisory	☐ F					
E-Mail							
Name (f-m-l)							
Address	□СРЕ	□M					
City./State/Zip	☐ Supervisory	□F					
Phone E-Mail	☐ Supervisory	T					
Name (f-m-l)							
Address	□СРЕ	\square M					
City./State/Zip	_						
Phone	☐ Supervisory	□F					
E-Mail							
Name (f-m-l) Address	□ СРЕ	□ M					
Address City./State/Zip	☐ CrE						
Phone	☐ Supervisory	□F					
F-Mail	1						

Create date: 12/06 Revised date: