

STUDENT REGISTRATION FORM—SOUTH CENTRAL REGION, ACPE INSTRUCTIONS:

1) Save in your computer file as a word document. 2) Tab or mouse-click on gray areas to fill in information. 3) When form complete, attach the document to an email to splummer@rkymtnhi.com

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.

<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> EXTENDED				
DATES OF UNIT: _____				
NAME OF CENTER/CLUSTER/SYSTEM: _____				
LOCATION OF UNIT: _____				
<input type="checkbox"/> On-site at Center <input type="checkbox"/> Community or Parish-based <input type="checkbox"/> off-site at _____				
Name of Supervisor(s) (including Supervisory Candidate) providing supervision for this unit: _____ _____ _____				
Registered with ACPE as a Student Member: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Student Information	Program Type	Gender	Race	Religious Identity
Name (f-m-l) _____ Address _____ City./State/Zip _____ Phone _____ E-Mail _____	<input type="checkbox"/> CPE <input type="checkbox"/> Supervisory	<input type="checkbox"/> M <input type="checkbox"/> F		
Name (f-m-l) _____ Address _____ City./State/Zip _____ Phone _____ E-Mail _____	<input type="checkbox"/> CPE <input type="checkbox"/> Supervisory	<input type="checkbox"/> M <input type="checkbox"/> F		
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FALL WINTER SPRING SUMMER 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: Yes No

Student Information	Program Type	Gender	Race	Religious Identity
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