



Supervising School Aide Training
April 10, 11 and 24, 2013
Registration Form

DIRECTIONS:

- 1. Complete all fields on this form.
2. Please print clearly.
3. Principal must Sign form where indicated.
4. Fax form.

Name: Last Name First Name Middle Initial EIS #

Home Address: Number/Street/Apt. # City State Zip Code

Home Phone: Cell Number: E-mail:

School Name: School Code:

School Address: Number/Street City State Zip Code

School Phone #: School Fax #: District:

PLEASE CHECK ALL THAT APPLY:

- { } I am certified in CPR/AED (Defibrillator) training.
{ } I am not certified in CPR/AED (Defibrillator) training.

Principal's Name: Principal's Signature:

Please fax this registration form by March 27, 2013 to:
New York City Department of Education
Division of Human Resources
Supervising School Aide Training
Attention: Oeklen Kenol
Fax number: (718) 935-4758

If you have any questions, please contact Oeklen Kenol at okenol@schools.nyc.gov

\*Reminder: Have you registered for the CPR/AED training?
Register at http://doe.emergencyskills.com/mainpage.php