FOR COUNCIL USE ONLY
Unit/Troop #_____
District_____
Neighborhood_____

Classroom Scouting Registration 2004-05

Please write clearly using blue or black ink

CONTACT INFORMATION:

School_____ **School District**_____

Teacher's Name_____ **School Phone (_____)**_____
(first) (last) **Voice Mail #**_____ **ext.**_____

School Address _____ **City**_____ **Zip**_____

Classroom Assistants/Aides: _____
(first) (last)

Principal_____ **E-mail**_____

STATISTICAL INFORMATION:

Ethnic background: (needed to document our services to people of all races and cultures):

(B)oys (G)irls (A)dults (staff)

Black .....(B)____ (G)____ (A)_____
White .....(B)____ (G)____ (A)_____
Hispanic..... (B)____ (G)____ (A)_____
American Indian/Alaskan Native.....(B)____ (G)____ (A)_____
Asian/Pacific Islander.....(B)____ (G)____ (A)_____
Other.....(B)____ (G)____ (A)_____

CLASS ROSTER: Please list all participating students in your class.

Name (first and last)	Address	City	Zip	Birthdate	Age	M/F

RETURN BOTH COPIES TO:

Disability Services Director
Girl Scout Council of Greater St. Louis
2130 Kratky Road
St. Louis, MO 63114
(314) 592-2322 or (800) 727-4475

_____
Teacher's Signature