Greater St. Louis Area Council Boy Scouts of America

Classroom Venturing Registration

Please Type or Print in Ink

School_____ **District**_____

School Address/City/State/ZIP_____

Teacher Name_____**DOB**_____

Please Print Full Name

Classroom Phone Number/Voice Mail_____**E-mail**_____

Home Address/City/State/ZIP_____

Disabling Condition(s) of Students_____

Area Coordinator_____

Ethnic Background (Needed to document services provided to all cultures and ethnicities)

	Male	Female	Adult				
Asian/Pacific Islander	(M) ___	(F)____	(A)____	**Hispanic**	(M)____	(F)____	(A)____
African American	(M)____	(F)____	(A)____	**Native American**	(M)____	(F)____	(A)____
Caucasian	(M)____	(F)____	(A)____	**Other**	(M)____	(F)____	(A)____

Please List ALL Students in Your Caseload (You may copy or use the back of this form if needed)

Name	Address	City/State/Zip	DOB	Age	M/F

Please Return Form To:

Special Needs Division
Classroom Venturing
4568 West Pine Blvd.
St. Louis, MO 63108
Phone: 314-256-3102 Fax: 314-256-3103

Teacher's Signature_____