

AELTA Affiliate School Program

International : Registration Form

_____ School Name		<input type="checkbox"/> Private School <input type="checkbox"/> Public School (Government)	
_____ Principal/Director (Name)		_____ Main Contact (Name)	
Program of Study <input type="checkbox"/> Government Curriculum <input type="checkbox"/> American Curriculum <input type="checkbox"/> British Curriculum <input type="checkbox"/> Other		School Telephone #: _____ Mobile #: _____ Email address: _____	
_____ Mailing Address (P.O. Box#)	_____ City	_____ State/Province	_____ Country
Student Body Number of Students: Boys: Girls: Student Population Distribution (Ethnic background): Number of students or per cent _____ African _____ Afro-American _____ Arab _____ Asian (Oriental) _____ Asian (Indian, Pakistani, Bangladeshi, etc.) _____ Caucasian _____ Other			
Special Educational Programs Offered: 			
Special Interests/Needs of Teachers: 			