



# COOPERATIVE EDUCATIONAL SERVICE AGENCY 7

JEFFREY P. DICKERT, ADMINISTRATOR

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595 Baeten Road  
Green Bay, WI 54304  
(920) 492-5960  
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## COURSE REGISTRATION FORM FOR CESA 7 TEACHER DEVELOPMENT CENTER ALTERNATIVE LICENSURE PROGRAM SPRING SEMESTER 2012

Phone Contact: Pam Racine, Office Manager, (920)-617-5611; Fax: (920)492-5965; Email: [pracine@cesa7.k12.wi.us](mailto:pracine@cesa7.k12.wi.us)

Please type or print all information.

Mr.  Mrs.  Ms. Legal Last Name:

First Name: Middle or Maiden Name:

Email Address:

Address:

City: State: Zip: County:

Employer Name: School Phone:

School to Which Assigned:

Home Phone: Cell Phone:

Assignment: Grade Level:

Does your employer offer tuition reimbursement?  Yes If so, how much:  No

### REGISTRATION INPUT

|   |                      |
|---|----------------------|
| Tuition: \$ _____ (\$700 per credit)  | Total Remitted:      |
| <input type="checkbox"/> check <input type="checkbox"/> cash <input type="checkbox"/> credit card** | \$ _____ Check       |
| Credit card # _____ Exp. Date: _____  | \$ _____ Cash        |
| 3 digit security code: _____ (on back of card)  | \$ _____ Credit Card |

\*\*If you do not wish to put your credit card number below, please call Pam Racine at (920)617-5611 to give her the credit card number.

Teacher Candidate:

Date:

| Course Number | Course Title | Credit | Place: |
|---------------|--------------|--------|--------|
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|               |              |        |        |
|               |              |        |        |
|               |              |        |        |

By checking this box you have created an electronic signature as a legally binding handwritten signature.



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CESA 7 Main Office: 595 Baeten Road, Green Bay, WI 54304  
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Website: <http://www.cesa7.k12.wi.us>  
CESA 7 Mission: *Providing collaborative leadership and service*