



A collaborative effort among SERC, CSDE, and SCSU



Family Members

Educators

Preparing for the Road Ahead:
Helping Students Transition to College

Friday, May 12, 2006
8:00 a.m. to 2:15 p.m.
SCSU, New Haven

Students

Transition Specialists

Registration Information: The closing date for submitting applications is April 26, 2006. Please return application to SERC, Transition Initiative, 25 Industrial Park Road, Middletown, CT 06457-1520. Participants will be selected on a "first come, first served" basis with consideration to regional distribution and to teams that include student participation. Shortly after the closing date, written confirmation of enrollment will be sent to the school contact person responsible for communicating with school personnel and students. Parents will receive confirmation of enrollment at their home address. Upon acceptance, the school contact person and/or parent(s) attending on their own will receive an invoice covering total registration fees. Direct content questions to Karen Stigliano, Consultant, ext. 317, and registration questions to Leticia Garcia Guerra, Senior Project Assistant, ext. 233, at (860) 632-1485.

APPLICATION FORM: Transition to College (06-20-013-Flyer/Transition)lgg (Please Print Clearly.)

SCHOOL REGISTRATION

District/Region School/Program

Indicate Number of Personnel Attending: (Please duplicate registration form, if needed.)

Name (Contact Person) Work Phone Home Phone

Home Address City/State Zip Code

Position/Role Email (Please Print Clearly.)

Name Work Phone Home Phone

Home Address City/State Zip Code

Position/Role Email (Please Print Clearly.)

Indicate Number of Student Reservations: (Please print the students' names for name badges.)

Student Name

Student Name

Student Name

Student Name

Please check if an interpreter and/or disability-related accommodation is needed. Specify:

PARENT REGISTRATION

Parent Name Daytime Phone Home Phone

Home Address City/State Zip Code

Email (Please Print Clearly.) My son/daughter will be attending with me.

My child receives services in the following School District: School Name:

Student Name

Please check if an interpreter and/or disability-related accommodation is needed. Specify: