

# Florida Regional Consortia Program

Name of District: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Superintendent: \_\_\_\_\_  
 Consortium Membership: NEFEC SY15-16 Participant Y N  
 SY14-15 Participant Y N

## Name and Email of District Contacts

(Note: same person can be listed multiple times)

**District Coordinator**  
*Main contact person, district level*  
 Email: \_\_\_\_\_

**Implementation Contact**  
*Monitors implementation and usage*  
 Email: \_\_\_\_\_

**Upload and SIS Contact**  
*Upload student names & information*  
 Email: \_\_\_\_\_

**PD/Training Contact**  
*Coordinates district training*  
 Email: \_\_\_\_\_

Superintendent/District Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE RETURN ENROLLMENT FORM TO SANDY LEWIS  
 386.329.4885  
[Lewisk@nefec.org](mailto:LewisK@nefec.org)  
 Please cc: [florida@learning.com](mailto:florida@learning.com)

Your contacts at Learning.com:  
 Laura Lopez, Account Manager  
 503.517.4454  
[llopez@learning.com](mailto:llopez@learning.com)

Mark Kinch, Account Manager  
 503-517-4455  
[mkinch@learning.com](mailto:mkinch@learning.com)

### School Information

**School Name** [Redacted]  
Number of Students per School [Redacted]  
School-Level Contact Name [Redacted]  
Email [Redacted]

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### School Information Continued

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