

Florida Regional Consortia Program

Name of District: _____
Address: _____
Name of Superintendent: _____
Consortium Membership: PAEC 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 LISA SCHOFIELD
850.638.6131 ext. 2306
lisa.schofield@paec.org
Please cc: florida@learning.com

Your contacts at Learning.com:
Laura Lopez, Account Manager
503.517.4454
llopez@learning.com

Mark Kinch, Account Manager
503-517-4455
mkinch@learning.com

School Information

School Name _____
Number of Students per School _____
School-Level Contact Name _____
Email _____

School Name _____
Number of Students per School _____
School-Level Contact Name _____
Email _____

School Name _____
Number of Students per School _____
School-Level Contact Name _____
Email _____

School Name _____
Number of Students per School _____
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School Name _____
Number of Students per School _____
School-Level Contact Name _____
Email _____

School Information Continued

School Name _____
Number of Students per School _____
School-Level Contact Name _____
Email _____

School Name _____
Number of Students per School _____
School-Level Contact Name _____
Email _____

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Number of Students per School _____
School-Level Contact Name _____
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