

TEACHER REGISTRATION FORM

Please fill out completely so that your registration may be processed promptly.

Name				☐ Male ☐ Female		
	(first)	(middle)	(last)			
Address						
E-mail Addre	ess		(city)	(province)	(postal code)	
Cell Phone _		Home Phone Work Phone				
Birth Date		Marital Status: S	ingle Marrie	d ()	
Have you eve		or workshop from Averroe				
Please enter o	courses you are in	erested in teaching (please	include as much	info below):		
Course Number		Course Title		Experience		
				From	To	
Total numl	ber of courses					
Any given co requirements	ourses may be can in order to be cor c unlikely event th	celled; this can be due to lo sidered for the teaching po at we must cancel your co	sition. If your cou	rse is cancelled by	Averroes Education	
questions you		that you have read the info ourse as described herein. Y				
Name (please	e print)	Sig	nature		Date	