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| Full Name: |  |
| Home Email: |  |
| Home Address: |  |
| Postal Code: |  |
| Home Phone: |  |
| Cell Number: |  |
| School/Workplace: |  |
| Permanent Teacher |  |
| Occasional Teacher |  |
| Emergency Contact & Phone Number: |  |
| **DEADLINE FOR REGISTRATION:** **WEDNESDAY, NOVEMBER 18, 2015****FAX TO: 624-9148 or EMAIL:** **office@leto.ca****ETFO/LETO CONTACT:** Corinne Scarfo Professional Learning Chair, LETO**CONTACT EMAIL:** office@leto.ca**CONTACT PHONE #:** (807) 624-9149**FAX NUMBER:** (807) 624-9148 |
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**REGISTRATION FORM**

**MENTAL HEALTH MATTERS!**

**AN ETFO WORKSHOP**

**SUPPORTING STUDENTS IN REGULAR CLASSROOMS**

**Thursday, November 26, 2015 – 4:00 p.m. – 6:00 p.m.**

**LETO office Afters School Session**