



# School Registration Form

**Concordia Language Villages  
Village Weekends**  
 8659 Thorsonveien NE  
 Bemidji, MN 56601  
 (218) 586-8600 OR 800-450-2214  
 Fax: 218-586-8601

**For Office Use Only**  
 Date Rec'd: \_\_\_\_\_  
 Money Rec'd: \_\_\_\_\_

**PLEASE NOTE:** Your students' individual registrations **cannot** be processed without the information on this form. Please fill out & send this form along with your Villager Registration Forms or we **cannot** complete your registration! Also, please fill out & send a **separate School Registration Form per school for each language and session you are attending.**

**Lead Teacher Information** (this is the person with whom we will conduct all correspondence)

Name	Male or Female	School and ISD #	
E-mail	School street address		
School Phone	City	State	ZIP
School Principal	Principal's email	Teacher's years of participation (including this year)	

**Are you attending?** YES | NO *If YES, please fill out a Teacher/Chaperone Registration and Health Form*

**Group Information**

Language: \_\_\_\_\_ Dates of program: \_\_\_\_\_ Number of Boys: \_\_\_\_\_ Girls: \_\_\_\_\_

Name and email address of teacher who will be responsible for your students on-site (if different from lead teacher): \_\_\_\_\_

**Transportation Information**

\_\_\_\_\_ I or someone from my school am/is driving a bus | van | car (circle one)  
*Please include the driver's Teacher/Chaperone Registration Form and Health Form*

\_\_\_\_\_ We are hiring our own transportation service  
*Does this driver need on-site housing and meals?* Yes | No (circle one)

\_\_\_\_\_ I would like Concordia Language Villages transportation from (check one)

<input type="checkbox"/> The Twin Cities area (2017: \$78/student; 2018: \$80/student)	<input type="checkbox"/> The Fargo/Moorhead area (2017: \$58/student; 2018: \$60/student)
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**Will you depart between 10-11am?** Yes | No: \_\_\_\_\_  
*Please notify our office of early departure times at least 30 days before the start of your program*

Cell phone number to be reached en route: \_\_\_\_\_  
 Name and telephone number of top of calling tree (see Teacher Handbook p. 15): \_\_\_\_\_

**CHECKLIST—I am including these materials:**

- School Registration Form (one/school/language)
- Chaperone Policy Form (one/school/language)
- Villager Registration Forms (one/student)
- Villager Health Forms (one/student)
- Deposit Payments (2017:\$50/student; 2018: \$75/student)

**These forms may be sent separately, and are due 30 days before your program:**

- Teacher/Chaperone Registration Forms (one/adult)
- Teacher/Chaperone Health Forms (*different from Villager Health Forms*) (one/adult)

**Chaperones and other attending adults (e.g. interpreters, support staff, etc.)**

Please list the names of all adults attending with your group. Have them complete and submit a Teacher/Chaperone Registration Form and Health Form. We need a registration and health form for all attending adults so that sleeping arrangements and meals can be made for them. **Please bring one female and one male chaperone per 1-10 students of each gender.** Further information on our chaperone policy can be found in the Teacher Handbook.

Name	Relationship to group (check one)
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult: _____
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult: _____
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult: _____
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_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult: _____
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult: _____

**Language Teachers**

Please list the names of ALL language teachers who are sending students with your group to the Village Weekend, whether they are attending the program or not. Also list the numbers of years that each teacher has sent students. We use this information to keep track of teacher awards.

Name (first and last)	School	Attending? Y/N	Teacher's years of participation (including this year)
_____	_____	_____	_____
Name (first and last)	School	Attending? Y/N	Teacher's years of participation (including this year)
_____	_____	_____	_____
Name (first and last)	School	Attending? Y/N	Teacher's years of participation (including this year)
_____	_____	_____	_____
Name (first and last)	School	Attending? Y/N	Teacher's years of participation (including this year)
_____	_____	_____	_____