

**RETURN TO:**

Tri-County Educational Service Center  
Attn: **Kathy Mast**  
741 Winkler Drive  
Wooster, OH 44691  
Phone: (330) 345-6771 Ext. 228  
E-mail: [tesc\\_mast@tccsa.net](mailto:tesc_mast@tccsa.net)

For Office Use Only	
<b>TRAINING SESSION DATES</b>	
_____ Session I	_____ Session II
<hr/>	
<b>ASSESSMENT</b>	
_____ Passed	_____ Not Passed
_____ Score	_____ Date

**PARAPRO TRAINING & ASSESSMENT BUNDLE**  
**REGISTRATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, ST, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Password:** \_\_\_\_\_  
*(create at first training session)*

**District of Residence:** \_\_\_\_\_

**District of Employment:** \_\_\_\_\_  
*(if applicable)*

<p><b><u>Deadline for registration and payment</u></b> Two (2) weeks prior to the first training session</p> <p><b><u>Make check or money order payable to:</u></b> Tri-County Educational Service Center (ESC)</p>
---

<b>Training (\$135)</b>	\$ _____
<b>ETS Test Key (\$55)</b>	\$ _____
<b>ETS Study Guide (\$26)</b>	\$ _____ <b>(optional)</b>
<b>TOTAL:</b>	\$ _____

For Office Use Only	
Date:	_____
Payment Type:	Cash    Check
Amount:	_____
Check #:	_____
Receipt #:	_____
Date Study Guide Rec'vd:	_____