

# Georgia Association of Christian Schools

## Registration of Continuing Education Units

(For Non-GACS Sponsored Training Sessions)

*GACS Office Use Only*

Date Received \_\_\_\_\_

Paid (\$5.00) \_\_\_\_\_

Total CEU's Approved \_\_\_\_\_

All CEU Training Must Be ***Pre-Approved*** in writing or through a telephone call to the GACS for GACS credit.

*(Please Print or Type)*

Your Name:	School:						
Address:	Address:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> </table>	City	State	Zip	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> </table>	City	State	Zip
City	State	Zip					
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<b>Session Leaders and Dates of Training:</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	<b>Titles of Sessions and Locations:</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	<b>Hours/Minutes</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____					

Please provide a brief description of each of the workshop/training sessions. (Use back of form if needed.)

**1. Describe how the goals of this CEU activity will affect students, particularly student achievement.**

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**2. What professional practices are to be developed or enhanced by the CEU activity?**

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