

Georgia Association of Christian Schools

Registration of Continuing Education Units

Name:	School:
Address:	Address:
City State Zip	City State Zip

Date of Training Session (please include the year):	Session Location:
Name of Training Session (i.e. GACS Convention, etc.)	

Write in the number of workshops attended in the following categories (Use initials in parentheses to designate categories on the reverse side):

- _____ Pre School (PR)
- _____ Lower Elementary (L)
- _____ Upper Elementary (U)
- _____ Middle School (M)
- _____ High School (S)
- _____ Administrator (A)
- _____ Pastor (P)
- _____ General (G)
- _____ Special Interest (SI)
- _____ General Assemblies (GA)
- _____ Exhibits (EX) (one session only)

Credit definition:

A 50 minute session attended earns 1/10 CEU credit. Ten sessions attended earns 1 CEU credit.

_____ Total sessions attended at this convention which are being registered for CEU credit.

I hereby verify that I attended the sessions designated on the reverse side of this sheet.

Signature of applicant _____

I hereby validate that the workshops designated on the reverse side of this sheet were attended by the applicant.

Signature of the school administrator _____

Send to:
 Georgia Association of Christian Schools
 1551 Jennings Mill Road, Suite 2100-A
 Bogart, GA 30622

Signed _____
 Executive Director

Note: Please list sessions attended on the reverse side.

GACS Office Use Only
Date Received _____
Total CEUs Approved _____
Date of Teacher's Last Certification _____

