****

**Frontline Network Sign-Up Sheet**

**COUNTY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT INFORMATION:**

**Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address you most frequently check (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address You Most Frequently Use:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone Number Where We May Contact You \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County Superintendent\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I prefer to receive communications by**

 **\_\_\_\_\_ email**

 **\_\_\_\_\_ regular mail**

 **\_\_\_\_\_ fax(please provide fax number)**

**ROLE IN COUNTY**

**\_\_\_\_\_ School Board member**

**\_\_\_\_\_ Superintendent**

**\_\_\_\_\_ LSIC Member**

**\_\_\_\_\_ FRN Director**

**\_\_\_\_\_ County or School Administrator**

**\_\_\_\_\_ Parent or community member**

**\_\_\_\_\_ Other(please specify)**

**INTEREST:**

**\_\_\_\_\_I am interested in having a team from my county participate in The Education Alliance’s Frontline *Network for High School Completion and can commit our county to participate.***

***\_\_\_\_\_* I am interested but need to check with others before I commit to participation in The Education Alliance’s *Frontline Network for High School Completion.***

**\_\_\_\_I am not interested in the Frontline Network but will recruit 3 to 5 people from my county to attend one moderator’s training and conduct a series of community dialogues in my county.**