

**Registration Form**  
**LEA Liaison for Homeless Children and Youth Training**

**November 9, 2009**  
**9:00 a.m. – 3:30 p.m.**

**Crowne Plaza Hotel**  
**201 S. Shackleford Road**  
**Little Rock, AR 72211**

LEA Homeless Liaison: \_\_\_\_\_

School District: \_\_\_\_\_ LEA#: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Job responsibilities:

LEA Homeless Education Liaison  
Counselor  
Social Worker  
School Nurse  
Classroom Teacher

Title I Coordinator  
Superintendent  
Principal  
Asst. Principal  
Other: \_\_\_\_\_

**Return the form by November 2, 2009, via mail or fax to:**  
**Cindy Hogue**  
**Arkansas Department of Education**  
**4 Capitol Mall, 305-B**  
**Little Rock, AR 72201**  
**Fax: 501-682-3372**