



iSchool Homeschool Parent Facilitator Application

Parent Facilitator Name: _____

Student Name: _____

Parent Facilitator Email: _____

Parent Facilitator Address: _____

City _____, NC Zip _____

Parent Facilitator Phone: (____) _____

Parent Facilitator Cell Phone: (____) _____

North Carolinians for Home Education contact person: Teresa Amick DeBerry
4336A Bland Road, Raleigh, NC 27609
919.790.1100
nche@nche.com



By signing below, I agree to take the required UNCG iSchool Facilitator Training and to abide by all rules and instructions received from the UNCG iSchool Program.

Signature _____ Date _____

Mail: UNCG iSchoolsm
Division of Continual Learning
Becher-Weaver Building
915 Northridge Street
P.O. Box 26170
Greensboro, NC 27402-6170

Fax: 336.315.7767
Email: margoflanagan@uncg.edu
Web: ischool.uncg.edu

