



iSchool Homeschool Parent/Facilitator Form
(Outside of North Carolina)

Facilitator Name: _____

Student Name: _____

Facilitator Email: _____

Facilitator Address: _____

City _____ State _____ Zip _____

Facilitator Phone: (____) _____

Facilitator Cell Phone: (____) _____



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.

Facilitator 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: pat_levitin@uncg.edu
Phone: 336.315.7384
Web: ischool.uncg.edu

