

# CSS Registrar Account Information

PLEASE PRINT CLEARLY

\_\_\_\_\_

First Name

Last Name

\_\_\_\_\_

email

\_\_\_\_\_

Work Phone

Cell Phone

Your Role: **Counselor**   **Clerical**   **Teacher**   **Principal**   **Administrator**

CSS Site: **Penfield**   **EIMS**

**District:** \_\_\_\_\_

**School:** \_\_\_\_\_

Can you be contacted during the Summer?   **YES**   **NO**

If NO, who do we contact with any questions regarding students you registered for CSS?

\_\_\_\_\_

First Name

Last Name

\_\_\_\_\_

Title & email

\_\_\_\_\_

Work Phone

Cell Phone