

RIVERSIDE SCHOOL DISTRICT
TAYLOR, PA 18517
570-562-2121

**ACT 48
PARTICIPATION FORM**

NAME: _____

PPID #: _____

HOME ADDRESS: _____

PHONE: _____

GRADE LEVELS: _____

SCHOOL BUILDING: _____ JR/SR HIGH SCHOOL
 _____ WEST ELEMENTARY
 _____ EAST ELEMENTARY

WORKSHOP TITLE/REASON FOR REQUESTING ACT 48 CREDIT:

DATES: _____

TIMES: _____

SIGNATURES:
PARTICIPANT _____ DATE _____

PRINCIPAL _____ DATE _____

SUPERINTENDENT _____ DATE _____

HOURS GRANTED: _____

PLEASE ATTACH ALL NECESSARY DOCUMENTATION (CERTIFICATES, ETC.)