


LSU Coastal Roots Program School Information

School Name: School Type: Public Private Charter Grade Levels at School:	Parish: <div style="text-align: center;">  </div>
Start Year for CR:	Funding Source:
School Address: City: Zip Code	
School Phone:	School Fax:
Principal Name: Email:	Superintendent Name: Address City: Zip Code <i>(for mailing CR newsletter)</i>

Coastal Roots Teacher Information

	Home Phone	Email	Grade/Subject
Lead Teacher:			
Assisting Teacher:			
Assisting Teacher:			

Briefly explain what group(s) of students will be working with the Coastal Roots nursery and when they will be helping to manage the nursery? (For example, will it be part of a 7th grade life science class or as an activity for an after-school club). *(You can attach your response to this sheet.)*

Do you already have a long-term planting location in mind? If so, where?
 What plant(s) do you wish to work with in your nursery?

Newsletter information

LSU Coastal Roots Newsletters are emailed to all teachers and principals about 5 times a year. We would be happy to add additional individuals to the newsletter email list. Please provide the person's name, connection to the school's Coastal Roots Project and their email address. This might be appropriate for a community partner, PTO President, School Board member, etc.

Name	Email address	CR Connection

Person filling this information out: _____ Date: _____

Please either email or fax this completed form back to the attention of Dr. Pam Blanchard.
 Email: PamB@LSU.EDU FAX: 225/ 578-9135.