

School Registration Form for Cybersmart Detectives

School Name	
Number of Student Teams (of three)	
Total number of families in school (for brochures)	
School Postal Address	
Main Phone Number	
<i>Contact 1</i>	<i>Principal:</i>
	<i>Phone:</i>
	<i>Email:</i>
<i>Contact 2</i>	<i>ICT Teacher:</i>
	<i>Phone:</i>
	<i>Email:</i>
<i>Contact 3</i>	<i>Teacher in charge of activity (if different from above):</i>
	<i>Phone:</i>
	<i>Email:</i>
Number of Guides (1 per 5 teams, 2 per 10, etc)	
Names of Guides	
<i>Date for Activity</i> <i>NB Training occurs online in the school generally a day or two before the activity date (see calendar for training dates)</i>	<i>First Preference:</i>
	<i>Second Preference:</i>

Please fax your completed form to **9264 4754** attention Ingrid Strong.
Or email to **Ingrid.strong@det.wa.edu.au**