GEAC Partner Registration Form Full Page Joining the GEAC	
DATE * mm/dd/yyyy	
NAME OF MICRO-SCHOOL: *	
eg Ourname Micro-School NAME: *	
First Name Middle Name	Last Name
↑ Contact Person ADDRESS	
Address Line 2	
City Phone Number	Country
Phone Number: ↑ Phone Number, starting the Prefix of Country Code {No + sign}	
Contact Details: EMAIL *	
† Kindly Key in your email for correspondences.	CONFIRM EMAIL
WEBSITE https://yourwebsite.com	
Social Media: Any media used to promote or circulate information.	
https://twitter.com/yourpage https://facebook.com/yourpage	
https://other.com/yourpage	
https://youtube.com/yourpage	
Total Number of Students Served: PRESCHOOLERS (0 - 4 YRS.) *	
Number of Preschoolers (eg 300) ELEMENTARY SCHOOLERS (5 - 10 YRS.) *	
Number of Elementary Schoolers (eg 300)	
MIDDLE SCHOOLERS (11 - 13 YRS.) * Number of Middle Schoolers(eg 300)	
YOUTH - HIGH SCHOOLERS (14 - 17 YRS.) *	
Number of High Schoolers(eg 300) YOUNG ADULT/COLLEGE (18 - 22 YRS) *	
Number of Young Adults(eg 300)	
School's Legal Representative: SCHOOL NAME *	
School Name eg Our-school Name	
ADDRESS * Street Address	
City	State / Province
ZIP / Postal Code	Country
JOB TITLE/POSITION & DESCRIPTION: * Job Title/Position & Description:	
Where does your funding come from?	
Whole does your fulfulling come from:	
FUNDING SOURCE * Describe how your school is Funded in details	
FUNDING SOURCE *	
FUNDING SOURCE *	
Describe how your school is Funded in details Your School's Projects and Activities:	
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