



First Book Registration Form (LPS)

ALL fields are required. If all fields are not filled out, you will be contacted via email to complete your registration online.

About You:

Full Name (print): _____

Email Address: (use personal or school address)

_____@lowell.k12.ma.us

(your email address will become your username on the First Book website)

Create Password: _____

(6-12 characters long that you will use to log into the First Book website)

Primary Phone: _____ ☐ Home ☐ Work ☐ Mobile

Position (mark one):

<input type="checkbox"/> Teacher	<input type="checkbox"/> Librarian/Media Specialist	<input type="checkbox"/> School Admin
<input type="checkbox"/> Reading Specialist	<input type="checkbox"/> Program Admin	<input type="checkbox"/> Title I Director
<input type="checkbox"/> Title I Coordinator	<input type="checkbox"/> Program Director/Site Coordinator	<input type="checkbox"/> Other
<input type="checkbox"/> School Support Staff/paraprofessional		

Would you also like to use this email and password to access FREE Pre-K-12 lesson plans from AFT's Share My Lesson?"

YES ____ NO ____

About Your School or Program:

Your school or program's name: LOWELL PUBLIC SCHOOLS. (SCHOOL NAME)

School/program address: _____

School/program phone number: _____

Which of the following four options best describes your program?

☐ For-Profit ☐ Non-Profit ☐ Public School ☐ Private School

Tell us a little about your school/program and your role?

What is the focus of your program? (select all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> School Title 1 or Title 1 eligible | <input type="checkbox"/> School-Non Title 1 | <input type="checkbox"/> Afterschool | <input type="checkbox"/> Arts |
| <input type="checkbox"/> Charter School/Classroom | <input type="checkbox"/> Emergency Relief | <input type="checkbox"/> Library | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Early Childhood/Preschool | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Literacy | <input type="checkbox"/> Faith-Based |
| <input type="checkbox"/> Military Family Support | <input type="checkbox"/> Corrections/Judicial | <input type="checkbox"/> College Prep/Access | |
| <input type="checkbox"/> Native American Youth | <input type="checkbox"/> Community Center/Neighborhood | | |
| <input type="checkbox"/> Parent Education/Family | <input type="checkbox"/> Foster Care/Group Homes | | |

Affiliated Organization(s): **AFT, AFTMA, UTL495**

How did you hear about us? AFT Representative **Tom Moran/Brian LaPierre**

Eligibility:

Please choose the **one** option that best describes your organization:

- | | |
|---|---|
| <input type="checkbox"/> Civic/community organization | <input type="checkbox"/> Military organization |
| <input type="checkbox"/> Early childhood program | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Out of school time program |
| <input type="checkbox"/> Health department/clinic | <input type="checkbox"/> School |
| <input type="checkbox"/> Library | <input type="checkbox"/> Shelter |

Please choose **one** special designation that applies to your organization. If none apply, then select "None".

- | | |
|--|--|
| <input type="checkbox"/> Title I school | <input type="checkbox"/> USDA Food and Nutrition Program |
| <input type="checkbox"/> Federally Qualified Health Center | <input type="checkbox"/> Military Support Program |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Program serving children with special needs |
| <input type="checkbox"/> Title VII recipient | <input type="checkbox"/> None |

Please estimate the percent of children served by your organization from low-income families: 86 %

What criteria did you use as the basis for this estimate? (select **one**):

- | | | |
|--|--|---|
| <input type="checkbox"/> Title I School Eligibility | <input type="checkbox"/> Free and reduced lunch data | <input type="checkbox"/> DHS guidelines |
| <input type="checkbox"/> Census poverty/Low-income data | <input type="checkbox"/> SES Provider | <input type="checkbox"/> HUD guidelines |
| <input type="checkbox"/> Medicare/Medicaid guidelines | <input type="checkbox"/> Survey data from parents and administration | |
| <input type="checkbox"/> WIC eligibility requirements | <input type="checkbox"/> Head Start eligibility requirements | |

How many children do you serve, broken down by grade-level (approximately):

Number of children from Birth-Age 3: _____
Number of children in Pre K-Kindergarten: _____
Number of children in 1st-3rd Grade: _____
Number of children in 4th-5th Grade: _____
Number of children in Middle School: _____
Number of children in High School: _____

What is the primary (and secondary) language(s) spoken by the children in your classroom, school or program?

- | | | | | | |
|----------------------------------|---------------------------------|-------------------------------------|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean | |

Signature Confirmation:

First Book is able to make new, high-quality books available to schools and programs like yours thanks to our partners in the publishing industry, who want to be sure the books are going to organizations serving children from low-income families. We take that promise to our partners very seriously, so by registering, you're giving us the information we need to ensure that the books are reaching the children in greatest need.

By signing below I certify that all the information included in this registration is legal, true, and accurate. I understand that offering false information will immediately invalidate my registration.

My organization does not discriminate against individuals based on race, gender, sexual orientation, national origin, religion or physical or mental disability. If you have any questions about my registration please contact me at my email listed on the front page.

I have reviewed the information on this registration and certify the accuracy of the information provided:

(signature) _____

(date) _____