



Eye See...Eye Learn Program (ESEL)

2018/2019 School Term-Enrollment Form

Fax to 306.652.2642 or Email programs@saosk.ca

ESEL Enrollment Form (please complete in full):

School Division: _____

Mailing Address for Delivery: _____

Contact Person: _____

Contact Phone: _____

Email Contact: _____

2018/2019 School Term Projections for ESEL Materials:

Pre-Kindergarten projected # of [students](#) _____

Pre-Kindergarten projected # of [teachers](#) _____

Kindergarten projected # of [students](#) _____

Kindergarten projected # of [teachers](#) _____

Grade One projected # of [students](#) _____

Grade One projected # of [teachers](#) _____

Totals _____

We understand at this time of the school year your numbers will be preliminary; however, your estimates assist us in coordinating the printing of materials.

Packages will be delivered late August to your school division central office for individual school distribution. Thank you for participating!

Please direct all inquiries or to request additional ESEL supplies to the ESEL Program Coordinator c/o the Saskatchewan Association of Optometrists
1.877.660.3937 or 306.652.2069 or programs@saosk.ca