



# Louisiana Association of Child Welfare and Attendance Personnel



## RETIREE FORM LACWAP Summer Conference, June 2019

Name of Person Retiring: \_\_\_\_\_

Parish: \_\_\_\_\_

Retiree Contact Information: (email, phone):

\_\_\_\_\_  
\_\_\_\_\_

Person completing this form if someone other than retiree:

Name \_\_\_\_\_

Email and phone: \_\_\_\_\_

Will the retiree be attending the conference?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Mail or Fax your form NO LATER THAN MONDAY, MAY 3, 2019.**

**Jerry Lewis Smith, 985-785-3146 (fax)  
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