

## **District Office Professional Development Program**

## **Directions:**

- Read the entire application carefully prior to completing.
- Be thorough, yet concise, and use only the space provided.
- Complete the application form and the one-page resumé form. Additional resumé pages will not be considered.
- Print both forms; sign the application form; secure your superintendent's signature, scan and email to Keith Porter at klporter112@gmail.com.
- Print the confidential recommendation form and submit to the individuals familiar with your work as a school teacher. The recommendation form must be received by August 5, 2022.

Namo:				
	Last	First		MI
Position/	/Title:			
School S	System:			
Business Address	S :			
	Street	City	State/Zip	County
Home Address:	:			
	Street	City	State/Zip	County
Contact Informati	ion:			
	Business Phone	Cell Phone	F	Preferred Email
Certificat	te Type/Lever:			
Total yea	ars experience as a school a	and/or system leader:		
Superint	endent Endorsement:			
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	Superintendent Signatu	re	Date	

If a member of your current staff were interviewed,	how might they describe you as a leader?
What interests you about serving as a district office	leader?
Please see page 3	Confidential Application

## Sele

Plea The confidential recommendation form must be submitted by August 5, 2022. All applicants will be notified of their enrollment status by August 12, 2022.

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Attn: Keith Porter klporter112@gmail.com 5805 Buruss Road Cumming, GA 30028