

# Port Neches-Groves ISD

## Aspiring Administrators Program: Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Campus: \_\_\_\_\_

Are you currently enrolled in an administrative certification program?  Yes  No

If so, please indicate your anticipated year of completion. \_\_\_\_\_

Have you completed your administrative certification program?  Yes  No

If so, what year was it completed? \_\_\_\_\_

The purpose of this program is to provide aspiring administrators an opportunity to acquire some administrative experience while under the direction of a campus principal. The campus principal will decide what duties an aspiring administrator will perform. The principal will attempt to place the aspiring administrator in a position that will result in a positive administrative experience.

Please include me in the program for the current school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

**Please send this application to:**

**Deputy Superintendent Office**