

INFORMATION FORM

The Nominator must fill in this form and email it along with the nominator's recommendation, the candidate's Acknowledgement and Distinguished Teachers Criteria Forms, and the seconders' recommendations to DTACNominations@gmail.com by March 7, 2024, 5:00PM.

For the nomination of _____

School & grade level

Home Tel. No./Cell No.

Area of teaching

Address of Nominee

No. of yrs. teaching

City/State/Zip

No. of yrs. teaching in Greenwich

Email Address of Nominee

1) Nominator

Category (check one):

Colleague

Parent/Student/Community Member

Name & School/Affiliation

Home Tel. No./Business Tel. No./Cell No.

Address of Nominator

City/State/Zip

Email Address of Nominator

2) Seconder

Category (check one):

Colleague

Parent/Student/Community Member

Name & School/Affiliation

Home Tel. No./Business Tel. No./Cell No.

Address of Seconder

City/State/Zip

Email Address of Seconder

3) Administrator

Name & School/Affiliation

Home Tel. No./Business Tel. No./Cell No.

Address of Administrator

City/State/Zip

Email Address of Administrator

