

HIGH SCHOOL S-TEAM MEMEBERSHIP FOR 2010-2011

District and Superintendent:

Mailing Address/City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Campus and Principal:

Location Address: _____

Mailing Address/City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

S-TEAM Leader:

Mailing Address/City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

1. Administrator:

(Must be Principal or Assistant Principal-name and title of position held)

Phone: _____

Fax: _____

E-Mail: _____

2. Counselor:

(Must be Principal or Assistant Principal-name and title of position held)

Phone: _____

Fax: _____

E-Mail: _____

3. Career and Technical Education Teacher:

Phone: _____

Fax: _____

E-Mail: _____

4. Core Subject Teacher:

(name and title of position held)

Phone: _____

Fax: _____

E-Mail: _____

5. Core Subject Teacher:

(name and title of position held)

Phone: _____

Fax: _____

E-Mail: _____

6. Core Subject Teacher:

(name and title of position held)

Phone: _____

Fax: _____

E-Mail: _____

7. Community Volunteer:

(name, affiliation {parent/employer/educator}, and job title and place of employment, if any)

Phone: _____

Fax: _____

E-Mail: _____

8. Student:

Parent Permission: _____

Career Pathway/Concentration and Grade Level: _____

Phone: _____

Fax: _____

E-Mail: _____

9. At-Large Member:

(name, affiliation {parent/employer/educator}, and job title and place of employment, if any)

Phone: _____

Fax: _____

E-Mail: _____