



ENROLLMENT APPLICATION

for Leadership CMCSS

Leadership CMCSS – The purpose of the Leadership Clarksville-Montgomery County School System program is to foster a more widespread community understanding of public education through sharing challenges and successes of CMCSS and ultimately building a stronger advocacy base of leaders who can impact positive change in education. This program exposes participants to various topics of Clarksville-Montgomery County schools through seminars, in-school visits, hands on participation and group discussions.

1. Participation

In order to accomplish our objectives, full participation of each individual selected is necessary.
The 2017-2018 schedule is as follows:

| Session | Date | Time | Topics |
|------------|------------------|----------------------|--------------------------------------|
| Session #1 | October 3, 2017 | 8:00 a.m.-12:00 p.m. | District Overview |
| Session #2 | November 7, 2017 | 8:00 a.m.-12:00 p.m. | Operations |
| Session #3 | December 5, 2017 | 8:00 a.m.-12:00 p.m. | Instruction |
| Session #4 | February 6, 2018 | 8:00 a.m.-12:00 p.m. | Instruction |
| Session #5 | March 6, 2018 | 8:00 a.m.-12:00 p.m. | Instruction |
| Session #6 | April 3, 2018 | 8:00 a.m.-12:00 p.m. | Business Affairs and Human Resources |

Will you be able to attend all sessions? yes no

Do you have the support of your employer for the time required to participate in Leadership CMCSS?

yes no not applicable

2. Personal Information

Last name: _____ First: _____ Middle: _____

Home address _____ City _____ Zip _____ Phone/Cell _____

Employer (If applicable) _____ Position/Title _____

Employment address _____ City _____ Zip _____ Phone _____

E-mail address: _____ Preferred mailing address (circle one): Home Employment

What do you believe you can contribute to Leadership CMCSS/how would be an advocate for Leadership CMCSS?

3. Tuition

Tuition for Leadership CMCSS is \$100. I understand if I am selected to participate, tuition is to be paid by me or a sponsor prior to the start of the program.

Signature of Applicant

Date of Application

I fully support the above applicant in this program.

Employer/Supervisor

Date

SEND APPLICATIONS AND REFERENCES BY JUNE 30, 2017 TO:
CMCSS c/o Abby Binkley
621 Gracey Avenue, Clarksville, TN 37040
Phone: (931) 920-7955 or Fax: (931) 920-9939