Department of Education
Carmen Fariña, Chancellor

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TEACHER'S CHOICE PROGRAM
HIGH SCHOOL ASSISTANT PRINCIPAL CERTIFICATION FORM

School Year 2016 - 2017

Form Purpose: High school principals are to use this form to inform the Teacher's Choice Unit of all assistant principals at their school who are eligible to receive Teacher's Choice funds. Upon completion, please forward the form - via e-mail, mail, or fax - to the Teacher's Choice Unit (contact information above).

Form Due Date: October 14 , 2016

School Name: _____ School Location Code: _____

District: _____ Principal's Name: _____ Telephone No.: _____

Name of High School Assistant Principal	File Number

I certify that the above individuals are assistant principals teaching at least one class a day at the aforementioned high school and are therefore entitled to receive Teacher's Choice funding this year.

Principal's Signature: _____ Date: _____