Department of Education
Carmen Fariña, Chancellor

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TEACHER'S CHOICE PROGRAM
HIGH SCHOOL ASSISTANT PRINCIPAL CERTIFICATION FORM

School Year 2015 - 2016

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 16, 2015

School Name: _____ School Location Code: _____

CFN / 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 who will be actively employed as of November 1st. and are therefore entitled to receive Teacher's Choice funding this year.

Principal's Signature: _____ Date: _____