



# 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 2018-2019 schedule is as follows:**

Session	Date	Time	Topics
Session #1	October 2, 2018	8:00 a.m.-12:00 p.m.	District Overview
Session #2	November 13, 2018	8:00 a.m.-12:00 p.m.	Operations
Session #3	December 4, 2018	8:00 a.m.-12:00 p.m.	Instruction
Session #4	February 5, 2019	8:00 a.m.-12:00 p.m.	Instruction
Session #5	March 5, 2019	8:00 a.m.-12:00 p.m.	Instruction
Session #6	April 2, 2019	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 29, 2018 TO:**  
CMCSS c/o Abby Binkley  
621 Gracey Avenue, Clarksville, TN 37040  
Phone: (931) 920-7955 or Fax: (931) 920-9939