

**2019-2020 Rural Network Superintendent/District Participation Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District:** |  | | | | | | | | |
| **Mailing Address:** | | |  | | | | | | |
| **Superintendent’s Name:** | | | |  | | | | | |
| **Supt’s Phone:** | |  | | | | **Email:** |  | | |
| **Supt’s Admin Asst’s Name:** | | | | |  | | | **Phone:** |  |
| **Supt’s Admin Asst’s Email:** | | | | |  | | | | |

Our district will participate in **Welty’s Executive Instructional Leadership Program for Rural Central Valley School Districts** *(“Rural Network”)* for the 2019-2020 school year.

**Fee to participate is a flat rate.**

Our district will pay for the superintendent/district participation as follows (*check one*):

|  |  |  |  |
| --- | --- | --- | --- |
|  | $1000 as a unified school district |  | $500 as a non-unified school district |

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| --- | --- |
| **Member Name** | **Email Address** |
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Our district’s instructional leadership priority(ies) for 2019-2020 is (are):

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| --- | --- | --- |
|  |  |  |
| Superintendent’s Signature |  | Date |

***Return to Mabel Franks. Scan and email to*** [**mafranks@mail.fresnostate.edu**](mailto:mafranks@mail.fresnostate.edu) ***or FAX to 559.278.0175. Invoice will be sent upon receipt of completed form. Thank you! Looking forward to a great year.***