



PRINCIPAL FOR A DAY 2009
Business/Community Partner Form

PRE-LAUNCH BREAKFAST DATE: Friday, October 2, 2009
ENCOUNTER DATE: Wednesday, October 21, 2009

General Information:

Hon. /Dr. /Mr. /Ms. _____ Title _____
Company _____ Industry _____
Address _____ Suite _____
City _____ Zip _____
Phone _____ Fax _____
E-mail _____

School Selection Information:

- I will serve wherever I am needed.
- I would prefer: (Indicate preferences)
_____ Elementary School _____ Middle School _____ High School
_____ Adult Education _____ Charter School _____ Alternative Education
- I would like to serve at: (Indicate preferences)
First: _____
Second: _____
Third: _____
- I would like to be matched with my alma mater _____
(School Name)

Please Note: We will make every attempt to accommodate your preference for placement; however, each school offers a wonderful opportunity to serve and form a partnership.

Return your completed form by Friday, September 10th to:



Office of Community Services
Attn: Ms. Arlene Martinez
Fax: 305 995-2888
E-mail: asmartinez@dadeschools.net