



PRINCIPAL FOR A DAY 2009

Principal Form

PRE-LAUNCH BREAKFAST DATE: Friday, October 2, 2009

ENCOUNTER DATE: Wednesday, October 21, 2009

General Information:

Work Location: # _____ School Name: _____

Principal Name: _____

Years as a M-DCPS Principal _____ Years as Principal of Current School _____

Phone _____ Fax _____

About Your School: (Required Information)

___ I would like M-DCPS to match me with a potential partner for my school.

___ I have invited a partner to join me at the pre-launch breakfast on October 2, 2009, and they will serve as "principal" on Wednesday, October 21, 2009.

Hon./Dr./Mr./Ms. _____ Title _____

Company _____ Industry _____

Address _____ Suite _____

City _____ Zip _____

Phone _____ Fax _____

Email _____

Return your completed form by Friday, August 28th to:



Office of Community Services

Attn: Ms. Arlene Martinez

Fax: 305 995-2888

Email: asmartinez@dadeschools.net