

# Registration - Millsaps College Principals' Summer Institute

June 14-19, 2009

Please type or print legibly

Name (For Certificate) \_\_\_\_\_

Title/Position \_\_\_\_\_

Year began this position \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Previous job title \_\_\_\_\_

Number of years in previous position \_\_\_\_\_ Number of years

as teacher \_\_\_\_\_ as administrator \_\_\_\_\_

Are you eligible to receive SEMI credit?  Yes  No

*(For Mississippi Principals only)*

Check Enclosed  Purchase Order # \_\_\_\_\_

I will stay at the Cabot Lodge:  Yes  No

Preferred name: \_\_\_\_\_ T-shirt size \_\_\_\_\_

**In case of emergency, please contact:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medical information in case of an emergency \_\_\_\_\_

**Space is limited.  
Priority is given to  
early registration.**

Registration is open until all spaces are filled.

\$675 Registration Fee

To confirm a place in the Institute we must receive both the completed registration form (two sides) and registration fee.

**Check or purchase order number** is required with this registration form.

Checks must be received by **May 1, 2009** and are made out to the Millsaps Principals' Institute.

Registration Fees *cannot* be refunded after **May 15, 2009**.

Registration Forms can be downloaded from the Institute Website:  
<http://www.millsaps.edu/educ/principals/index.shtml>

Return registration form and fee to

Millsaps College  
Principals' Institute  
Box 150082  
1701 North State Street  
Jackson, MS 39210-0001

Phone: 601-974-1354

Fax: 601-974-1397

E-mail: [harrilo@millsaps.edu](mailto:harrilo@millsaps.edu)

**MILLSAPS COLLEGE**  
**TEACHERS' & PRINCIPALS'**  
**INSTITUTE**  
LEARNING AND LEADERSHIP SINCE 1993

# Participant Profile

Please answer the following questions.

Limit your answers to one paragraph per question.

1) Describe your school (i.e. programs, direction, priorities, vision).

2) Describe your involvement in your school's improvement efforts.

3) Why do you want to participate in the Institute?

4) List the professional organizations to which you currently belong and any institutes or conferences attended during the past year.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Your School

School name: \_\_\_\_\_

### Level

- Elementary
- Middle/Jr. High
- K-12
- High School
- Other \_\_\_\_\_

### Community

- Rural
- Suburban
- Urban

### Type

- Public
- Private
- Parochial

### Number of

\_\_\_\_\_ Students

\_\_\_\_\_ Teachers

\_\_\_\_\_ Specialists

### Student's Family Income

- High (\$60,000)
- Medium (\$30,000-60,000)
- Low (<\$30,000)

### Ethnic Mix %

\_\_\_\_\_ Asian

\_\_\_\_\_ Caucasian

\_\_\_\_\_ Hispanic

\_\_\_\_\_ African American

\_\_\_\_\_ Native American

\_\_\_\_\_ Other

## Your District

District Name: \_\_\_\_\_

Number of Students in your school district: \_\_\_\_\_

Superintendent's Name: \_\_\_\_\_