

2011-2012 MSMS ADMISSIONS SELECTION COMMITTEE CONFIRMATION FORM

Please Print.

NAME: _____ ETHNICITY: _____ GENDER: _____

EMPLOYER: _____ TITLE: _____

IF CLASSROOM TEACHER, PLEASE INDICATE GRADE/AREA: _____

CELL PHONE: _____ HOME PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

E-MAIL ADDRESS: _____

Please your category: Alumni PLUS Teacher Administrator Retired Teacher/Administrator

Need Hotel Accommodations: Yes No

Please check where appropriate.

I can serve on the Application Review Committee.

Friday, March 3, 2012

I can serve on the Interview Committee.

Friday March 24

I can serve on the Makeup Interview Committee.

To be determined

I cannot serve this year, but please consider me for future committees.

Please return form to the MSMS Office of Admissions via e-mail to rsmith@msms.k12.ms.us or wleonard@msms.k12.ms.us, or fax to (662) 329-8570 by February 1, 2012.