

Louisiana Educational Leader Induction Program

2009-2010 Participant Identification Form

City/Parish: _____

Please identify educational leaders in your system to be registered for 2009-2010 program.

Name:	SSN:
Position: _____ Principal _____ Assistant Principal _____ Admin. Assistant _____ District Leader	School: _____ Tele: _____ Fax: _____ Email: _____
Name:	SSN:
Position: _____ Principal _____ Assistant Principal _____ Admin. Assistant _____ District Leader	School: _____ Tele: _____ Fax: _____ Email: _____
Name:	SSN:
Position: _____ Principal _____ Assistant Principal _____ Admin. Assistant _____ District Leader	School: _____ Tele: _____ Fax: _____ Email: _____

Please Fax to (225) 219-4508

Attn: Lionel Johnson, Jr.

Deadline: Friday, September 18, 2009