2009 MARY V. BICOUVARIS VIRGINIA TEACHER OF THE YEAR PROGRAM

<u>DATA SHEET</u> Due Date: Monday, June 30, 2008

Superintendents' Regional Study Group Number _____

Nominee:	First	M.I.		Last	(Nickname)
Home Address: _					
City		State			Zip Code
Nominee's E-mail	:		Hom	e Telephone: <u>(</u>)
School Name:					
School Address:					
City		State	Zip Code		() Work Telephone
			·		•
School Profile (check one): Urban Suburban Rural					
	nts in School Division:		Number of Students in Nominee's School:		
	Area:				
Total Years of Teaching Experience:			Years in Present Position:		
Bachelor's Degree Received From: Master's Degree Received From:					
Additional Degree	es:				
Teaching Endorse	ements:				
License Number or Social Security Number:					
I possess a current five-year Virginia teaching license. I hereby give my permission that any or all of the attached materials may be shared with persons interested in promoting the Mary V. Bicouvaris Virginia Teacher of the Year Program.					
Signature of Nominee:					
Name of Principal:					
Signature of Prince	cipal:				
Name of Division Superintendent:					
School Division:					
Signature of Supe	erintendent:				
Address:					
					()
City	State	Z	ip Code		Telephone
Central Office Cor	ntact for Program:				() Telephone
F-mail·					()
					Fax Number