



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 A+ SCHOOLS PROGRAM – DIVISION OF SCHOOL IMPROVEMENT
 P.O. BOX 480
 JEFFERSON CITY, MO 65102-0480
 (573) 751-9094 FAX (573) 522-8455
REQUEST FOR A+ DESIGNATION REVIEW

DUE DATE: MAY 1

SECTION I. SCHOOL INFORMATION

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE _____ - _____
HIGH SCHOOL NAME	BUILDING NUMBER _____
TELEPHONE NUMBER	FAX NUMBER

SECTION II. INTENT

THE ADMINISTRATORS, STAFF, TEACHERS, AND INTERESTED COMMUNITY OF THIS SCHOOL HAVE MADE THE DECISION TO ASK FOR A DESIGNATION REVIEW DURING THE _____ SCHOOL YEAR (Example: 2007-08 is the 2008 School Year)

SECTION III. POSSIBLE DATES WE ARE REQUESTING FOR OUR REVIEW

Option 1: Date: _____ (Fall Date)
 Option 2: Date: _____ (Fall Date)
 Option 3: Date: _____ (Spring Date)
 Fourth cycle MSIP Review Date: _____
 (Designation review must occur during MSIP review if already scheduled for the same year)

SECTION IV. NUMBER OF STUDENTS IN 12TH GRADE

NUMBER OF 12th GRADE STUDENTS WITH SIGNED A+ AGREEMENT IN THE YEAR OF THE DESIGNATION REVIEW: _____

SECTION V. SIGNATURES (ORIGINAL SIGNATURES)

BUILDING PRINCIPAL	TELEPHONE NUMBER	DATE:
Printed Name:		
A+ COORDINATOR	TELEPHONE NUMBER	DATE
Printed Name:	EMAIL:	
SUPERINTENDENT	TELEPHONE NUMBER	DATE
Printed Name:		
SCHOOL BOARD PRESIDENT:	TELEPHONE NUMBER	DATE
Printed Name:		

DESE USE ONLY

Date of Review :	Team Leader
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