



CAMPUS ASSISTANT/VICE PRINCIPAL INTERVIEWS

INTERVIEW CANDIDATE APPROVAL FORM

Campus: _____

Initial for
Approval

Full Name:	Current Position:	
Street Address:	City/State/Zip	
Telephone:	Email:	
Special Skills:	Years in Education:	

Full Name:	Current Position:	
Street Address:	City/State/Zip	
Telephone:	Email:	
Special Skills:	Years in Education:	

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Telephone:	Email:	
Special Skills:	Years in Education:	

Principal

Date

Send one copy of this form and attached resumes to the Assistant Superintendent for Personnel & Administration. Interviews should not be scheduled until approved.

APPROVAL:

Division Director for Elementary/Secondary Teaching & Learning

Date

Assistant Superintendent for Personnel & Administration

Date