

North Carolina Division of Child Development and Early Education
Public School Preschool Staff Education Form for Administrators (DCDEE.0172)
 (See Instruction Page) Please print or type.

DCDEE Use Only
<input type="checkbox"/> COI Only _____

A) Administrator Applicant Information Check here if requesting: <input type="checkbox"/> Status Letter Only		SSN (Last 4 Digits Only):	Date of Birth (mm/dd/yy): / /	
First Name (No Nicknames):	Legal Last Name:	Previous Names:		
Home Mailing Address (Include Apartment or Lot # if applicable):		City (No Abbreviations):	State:	Zip Code:
Home Phone #: ()	Cell Phone #: ()	County of Residence:		
Email Address:				

B) School Information – Fill in every blank or write N/A			Facility ID # (on DCDEE license):		
L.E.A. Name:					
School Name:					
School Mailing Address:			City:	State:	Zip Code:
Telephone #: ()			Fax #: ()		
Type of Program (check all appropriate boxes):					
<input type="checkbox"/> Preschool Education	<input type="checkbox"/> Even Start	<input type="checkbox"/> Head Start	<input type="checkbox"/> Exceptional Children	<input type="checkbox"/> Title I	
<input type="checkbox"/> Developmental Day Facility (also check age range):		<input type="checkbox"/> Birth – 3 years	<input type="checkbox"/> 3 years & older	<input type="checkbox"/> School-Age	
<input type="checkbox"/> NCPReK	<input type="checkbox"/> Other (Specify): _____				

C) Educational Background – Complete high school information and all requested experience and post secondary (college level) education information below. Note: copies of internet printouts, student transcripts or grade reports are NOT accepted as proof of education. Send copies of official transcripts and DPI license only.				
High School Information (Required): <input type="checkbox"/> HS Diploma <input type="checkbox"/> Adult HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> None				
Number of years as a child care and/or public school administrator: <input type="checkbox"/> less than 5 years <input type="checkbox"/> 5 years or more				
Attained Licenses/Certificates/Credentials/Degrees (please check all appropriate boxes):				
<input type="checkbox"/> Standard Principal License	<input type="checkbox"/> Exceptional Children Program Administration Certificate	<input type="checkbox"/> Level III NCECAC or Equivalent		
If you do not hold one of the above, please list degree(s) <input type="checkbox"/> attained or <input type="checkbox"/> in progress AND attach a photocopy of your official transcript(s).				
Degree(s):				

I certify that I have reviewed the official personnel documentation for the employee listed on this form and verify that the information contained therein is complete and accurate.

Signature _____ Check one: Principal or Superintendent of Schools _____ Date _____

Printed Name _____

If this application is not signed by either the Principal of the School or Superintendent of Schools, the applicant must complete the form, sign/date below and submit with required documentation per the Instructions Page.

I attest to the accuracy of the above information.

Applicant's Signature _____ Date _____

Applicant should retain a copy of this form and any attached documentation for his/her records.