

Magnet Schools of America Standards of Excellence Certification Program



NOMINEE ASSURANCE AND SIGNATURE: I attest to the accuracy of the information submitted for review by the MSA National Office and Standards Certification Committee, and give my permission for Magnet Schools of America to publish and release any and all information included in this application.

ELIGIBILITY:

To be eligible for participation in the Magnet Schools of America Standards of Excellence Certification Program, the following apply:

- (1) Must be a **paid active member** of Magnet Schools of America.
- (2) Must have implemented the magnet program for a minimum of three years.

Principal Signature: _____ **Date:** _____

Print Name: _____

School: _____

SUPERINTENDENT/DESIGNEE SIGNATURE: I attest to the accuracy of the information submitted by the above Principal for the 2018-2019 Magnet Certification Program.

Signature: _____ **Date:** _____

Print Name: _____

Phone: _____ Email: _____