

# 2010-2011 MSMS ADMISSIONS SELECTION COMMITTEE CONFIRMATION FORM

NAME: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ GENDER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TITLE: \_\_\_\_\_

IF CLASSROOM TEACHER, PLEASE INDICATE GRADE/AREA: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Please your category:  Alumni  PLUS  Teacher  Administrator  Retired Educator  
 Other

Need Hotel Accommodations:  Yes  No

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*Please check where appropriate.*

I can serve on the Application Review Committee.  
*Saturday, February 5, 2011*

I can serve on the Interview Committee.  
*Saturday, March 5, 2011*

I can serve on the Makeup Interview Committee.  
*Tuesday, March 8, 2011*

I cannot serve this year, but please consider me for future committees.

Please return form to the MSMS Office of Admissions via e-mail to [rsmith@msms.k12.ms.us](mailto:rsmith@msms.k12.ms.us) or [wleonard@msms.k12.ms.us](mailto:wleonard@msms.k12.ms.us), or fax to (662) 329-8570 by January 12, 2011.