

**WCEA/WASC PARTICIPATION  
ELEMENTARY SCHOOLS**

I would be interested in participating on a WCEA/WASC accreditation team for the 2006-2007 school year. I have had previous experience as a team member.

If YES: I have been a member of (#) \_\_\_\_\_ teams. (New Protocol)

I have been a member of (#) \_\_\_\_\_ teams. (Old Protocol)

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ YEARS OF TEACHING EXPERIENCE \_\_\_\_\_

POSITION \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

SCHOOL PHONE (\_\_\_\_\_) \_\_\_\_\_

Area Code

HOME ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

Area Code

PLEASE LIST SCHOOLS IN THE ARCHDIOCESE WHERE YOU HAVE TAUGHT:

<u>SCHOOL</u>	<u>YEARS</u>
_____	_____
_____	_____
_____	_____

Please return by May 31, 2006 to:

SISTER MARIANNE VIANI  
Department of Catholic Schools  
One Peter Yorke Way  
San Francisco, CA 94109

*Please duplicate if necessary*