



2017 Nomination Form

Robert E. Lavelly
Assistant Principal of the Year



Part of the NASSP National Assistant Principal of the Year Program

I wish to nominate _____ for NASSP/PA Principals Association
Assistant Principal of the Year.

Nominee Contact Information:

Nominee's School District: _____

Nominee's School: _____

Nominee's School Address: _____

Nominee's School Phone Number: (____) _____

Nominee's Email Address: _____

_____ Nominee has completed at least three (3) consecutive years in an assistant principalship at one or more middle level or high schools *(They are defined as those containing some portion of grades 6 through 12).*

Total Number of Years as a Secondary Building Assistant Principal _____
No.

If known to you:

Nominee's Home Address: _____

Nominee's Home Phone Number: (____) _____

About the Nominator:

Your Name: _____

Address: _____

Phone Number: (____) _____

Nominator's Email Address: _____

Relationship to Nominee: _____

Nominator's Signature: _____

Please email this nomination form to Stephanie Kinner at kinner@papprincipals.org on or before Wednesday, September 7, 2016.