

# The Public Schools of Ipswich Ipswich School Committee

## *Superintendent Screening Committee Application Form*

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Number of Years as an Ipswich Resident \_\_\_\_\_

Have you had and/or do you have a child or children attending the Ipswich Public Schools? Yes \_\_\_ No \_\_\_

If yes, what schools and grades did they or do they attend? (use extra sheet if necessary)

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Briefly state your interest in being appointed to the Superintendent Screening Committee.

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Briefly describe your present and past community involvement and/or interests (i.e. voluntary, social, business, professional).

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Briefly describe any particular skills, background, education, training or experience that you would bring to the Superintendent Screening Committee.

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Have you reviewed the Search Timeline and are you available to commit to the dates identified?  Yes  No  I'm not sure at this time.

Signature: \_\_\_\_\_

**Please return your application by noon  
Friday, March 17, 2017**  
**to**  
Ipswich School Committee  
c/o Carl Nylén, Chair  
Ipswich Public Schools  
1 Lord Square, Ipswich, MA 01938  
or  
Email: [cnylen@ipsk12.net](mailto:cnylen@ipsk12.net)

Your interest in serving on this committee is greatly appreciated. After this application is reviewed, you will be notified about the School Committee's decision on appointments.