



Successful Practices Network

1585 Route 146

Rexford, New York 12148

SPNetwork.org

Phone 518.723.2063

Fax 518.723.2140

Email info@spnet.us

Thank you for your interest in joining the Successful Practices Network. Please complete the application below and return it via email, fax or mail. The information collected in this application will be used by SPN Administration and available within the SPN Community Network. A member of our staff will contact you upon receipt of this application to provide you with the tools needed to get started, answer any questions you may have and gather additional data in an effort to help us address your school's needs further.

School Name:

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School Mailing Address:

Street
City
State
Zip Code
School Web site

School Contact: (This person will serve as the main point of contact for Network activities)

Name
Title
Business Phone
Cell Phone
Email
Preferred Method of Contact
Best Time to Contact

Principal Name (if different from above)

Name
Title
Business Phone
Cell Phone
Email

School Description:

Student Enrollment:
Number of Faculty:

Category that best describes the area where the school is located:

Urban / Large or Small City
Suburban
Rural