

LOCKPORT CITY SCHOOL DISTRICT
Grade K-6 Department Chairperson Application

Name: _____

Date: _____

Department Chair Position Interested In (please check):

___ K-4 ELA

___ 5-6 ELA

___ K-4 Math

___ 5-6 Math

___ K-4 Science

___ 5-6 Science

___ K-4 Social Studies

___ 5-6 Social Studies

___ K-4 Special Education

___ 5-6 Special Education

___ K-6 Library Media Specialist

Include a brief description of why you believe you would make an effective department chairperson.

List three things you hope to accomplish if you are selected as the department chairperson.

Employee Signature