

## ILLINOIS MIDDLE GRADES NETWORK APPLICATION

**Submit to:** AIMS ¥ 510 Devonshire ¥ Champaign, IL 61820 ¥ Phone 217-333-7104 ¥ FAX 217-333-2440

**Please complete the following information regarding your middle level school. Please feel free to add comments or information as necessary.**

Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone(\_\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
School Principal \_\_\_\_\_ Grade Levels (circle) 5 6 7 8  
School Enrollment \_\_\_\_\_ Other middle schools in district. Please list \_\_\_\_\_  
School District \_\_\_\_\_ District Superintendent \_\_\_\_\_

**Type of Application** (rank in order of your preference)

\_\_\_\_ Exploration                      \_\_\_\_ Partnership                      \_\_\_\_ Demonstration

Please send the following information with your school's application for this project. (\*Your application cannot be processed without these.)

- \*A. Teacher Schedules    C. Mission Statement and school improvement plan                      \*E. Letter of Staff Support (at least 75% support level)  
\*B. School Report Card    D. Program Narratives in sufficient detail to give understanding of school's program and structure

- If accepted into the Network, and if the school participates in the middle grades self-study, the school(district)gives permission for the Network to request ISAT results directly from the Illinois State Board of Education.
- If accepted, schools agree to pay the first year fee for professional development.
- If accepted, schools agree to pay the yearly network fee of \$300.00 beginning in the fall of the following year.

**Required Official Signatures (denotes understanding of the "Working Memorandum of Agreement)**

Date

Contact Person \_\_\_\_\_

Principal \_\_\_\_\_

Superintendent \_\_\_\_\_

School Board notified of submission of application and the commitments of Network membership on \_\_\_\_\_

Date

**Attachments: Rationale for Participation in the Project**

- A. Why do you believe your school should be selected as a Network school for the Illinois Middle Grades Network? (Please attach your response, not to exceed one typewritten page.)
- B. Letter of Staff Support. (Please attach a letter to show significant staff commitment to middle level reform.)