

Transition to Superintendency Program

Administration - 716/672-5473 fax 716/672-5472 jmerrins@cecomet.net
www.SuperintendentOfSchools.com

TUITION OPTION SELECTION FORM – Cohort 4

PARTICIPANT’S NAME (print): _____

FULL HOME ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

COHORT LOCATION: _____

PROGRAM CERTIFICATE AND COST OPTION:

____ **Certificate of Completion** - - \$ 1,350

____ **Advanced Certificate of Completion** - \$ 1,650

PAYMENT OPTION

____ Personal check enclosed # _____ to "Castallo & Silky Educational Consultants," noted as "TSP – Cohort 4"
Check here for receipt ____

____ School district check or purchase order enclosed # _____
to "Castallo & Silky Educational Consultants," noted as "TSP"

District Name: _____

(Superintendent's Signature)

(Date)

FAX this form to 716-672-5472 - -Mail the original form to:

TSP
Castallo & Silky Educational Consultants
P.O. Box 100
Syracuse, NY 13215

Tax (EIN) # 26-1885684