



**CONNIE HAAS
 HESSEN-WISCONSIN TEACHER SEMINAR
 DEPARTMENT OF PUBLIC INSTRUCTION
 P.O. BOX 7841
 MADISON, WI 53707-7841**

I. DISTRICT INFORMATION		
School District	Mailing Address <i>Street, City, State, Zip</i>	
District Administrator	Telephone <i>Area/No.</i>	E-Mail Address

II. SCHOOL PROFILE		
1. Which of the following best describes your school?		
a. <input type="checkbox"/> Public	b. <input type="checkbox"/> Non-Public	c. <input type="checkbox"/> Middle School
2. Name of School		
3. Mailing Address <i>Street, City, State, Zip</i>		4. Website Address
5. School Telephone <i>Area/No.</i>		6. School Fax <i>Area/No.</i>
7. Total Enrollment of School	8. Number of years of German your school offers	9. <i>If your school has a sister school in Germany; Indicate Name of School</i>
10. <i>Location of sister school City, Town, Village</i>		

III. APPLICANT INFORMATION		
1. Applicant #1 German teacher applying for the Hessen-Wisconsin Sister State International Teacher Seminar		
a. Applicant Name	b. Title/Subjects Taught	
c. Home Address <i>Street, City, State, Zip</i>		d. Home Telephone <i>Area/No.</i>
e. School E-Mail Address	f. Home E-Mail Address	g. School Telephone <i>Area/No.</i>

2. Applicant #2 teacher applying for the Hessen-Wisconsin Sister State International Teacher Seminar		
a. Applicant Name	b. Title/Subjects Taught	
c. Home Address <i>Street, City, State, Zip</i>		d. Home Telephone <i>Area/No.</i>
e. School E-Mail Address	f. Home E-Mail Address	g. School Telephone <i>Area/No.</i>

IV. SIGNATURE	
<input type="checkbox"/> Our district has read the requirements and commits to supporting the applicant(s) listed herein, contingent upon acceptance into the Hessen-Wisconsin Sister State International Teacher Seminar.	
Signature of District Administrator	Date Signed <i>Mo./Day/Yr.</i>

