

**NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT**  
**Public School Preschool Staff Education Form**  
 (two-sided form—duplicate as needed)

**Educational Waivers:**

**Administrator** (directs overall program) has attained a Principal Certificate/License or Exceptional Children Program Certificate or a Level III North Carolina Early Childhood Administration Credential (NCECAC)/equivalent.

**Teacher** (assigned to classroom and responsible for daily plans, etc.) Must have attained a North Carolina Early Childhood Credential (NCECC)/equivalent, AAS/ECE, Preschool Add-On Certificate or Birth to Kindergarten License

**Teacher Assistant** (assigned to classroom for educational support) has attained a NCECC/equivalent

**All Administrators who have not attained (or who are in the process of attaining) the above license(s) or certification(s) must attach a photocopy of their college transcript(s). Such individuals may be contacted to submit additional information in order for assessment to be completed. Teachers and Teacher Assistants are listed on page 2 of this form.**

**School Information:**

L.E.A. Name: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code  
 Telephone: \_(\_\_\_\_\_) \_\_\_\_\_ Fax: \_(\_\_\_\_\_) \_\_\_\_\_  
 area code area code

**Type of Program:** (please check all appropriate boxes)

Preschool Education       Even Start       Head Start       Exceptional Children  
 Title 1       More at Four       Other (specify) \_\_\_\_\_  
 ID# (if licensed by DCD) \_\_\_\_\_ Licensing Consultant's Name \_\_\_\_\_  
 Number of classrooms: \_\_\_\_\_ Subsidy ID#: \_\_\_\_\_

**Administrator:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_  
 Number of years as a child care and/or public school administrator \_\_\_\_\_  
 Attained Degrees/Licenses/Certificates/Credentials: (please check all appropriate boxes)  
 Principal Certificate/License     Exceptional Children Program Administration Certificate     Level III NCECAC or Equivalent  
 If you do not hold one of the above, please list degree(s) attained and attach a photocopy of your official transcripts.  
 Degree(s) \_\_\_\_\_ (course of study)

*I certify that I have reviewed the official personnel documentation on all employees listed on this form and verify that the information contained therein is complete and accurate.*

\_\_\_\_\_  
**Superintendent of Schools/Principal Signature**

\_\_\_\_\_  
**Date**