

SCHOOL LEADERSHIP INSTITUTE
(SLI)
SERIES I PROGRAM
2025 – 2026 Application

(Please print clearly)

Date: _____ File #: _____

Name: _____

Job Title: _____

Applicant's NYC Public Schools E-mail: _____ @schools.nyc.gov

Name of School/Worksite: _____

Worksite Address (*Borough, City, Zip*): _____

DBN: _____ Grades Served: _____

Worksite Phone: _____ Your Cell Phone: _____

Name of your Principal/ Supervisor (*Please print*): _____

Principal's/ Supervisor's School NYC Public Schools E-mail: _____ @schools.nyc.gov

Date Began as CSA Member: _____ Please Circle: Appointed Interim Acting

Circle the NYS Certification(s) you hold: SAS SDA SBL SDL ADMINISTRATIVE CERTIFICATE new

Previous Position: _____ Years in that Position: _____

I will attend **SLI** workshops during the 2025-2026 school year.

Signature of Applicant

As Principal/ Supervisor, I agree to support _____ by

Print Name of Applicant

releasing them to attend workshops under the [ELI SLI Series I Program](#).

Signature of Principal/Supervisor

Please e-mail completed application to the attention of Laura Daniels ldaniels@csa-nyc.org at the Executive Leadership Institute