

DISTRICT COMMITMENT FORM

TO:	SECME, INC.
FROM:	School District Please Provide Complete District Title
	State
districts entails adminsitrators i	hes to establish SECME programs in our district. I understand that establishing SECME Programs in our so no SECME National Office registration fee for the district or our schools. I have assigned the named below to serve as our district SECME liasons between the district office and our SECME School and with the SECME National Office.
 Instruct National Instruct	tions to register our district in the SECME National database system will be emailed from the SECME al Office upon receipt of this signed form. tions for School Coordinators to register their schools in the SECME National database system will be d from the SECME National Office upon receipt of "Principal Commitment" forms from our participating s. E Program Implementation Plan information for District Program Directors is available in the SECME on the SECME Website at www.secme.org. Ed yearly, the SECME National Student Competition Guidelines are available to our School Coordinators are SECME National Office has received "Principal Commitment" forms from our participating schools and nool Coordinator has registered his/her school in the the SECME National database system. Strict Program Director/District Coordinator understand that his/her responsibilites include the following: of schools within district where a SECME program will have an impact. Of those schools participating in SECME; update annually in the SECME National database (required). With School Coordinators in designing Implementation Plans that reflect district STEM focus. Intelligence of the SECME National Summer Institute.
Official Progran	m Director Email address
District Coordin (if applicable)	nator Name Email address
Superintendent (or designee)	t Signature

Date